



Wednesday
June 30, 1999

Part II

Department of Health and Human Services

Health Care Financing Administration

Office of Inspector General

42 CFR Part 409 et al.

**Medicare Program; Prospective Payment
System for Hospital Outpatient Services;
Correction; Proposed Rule**

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Care Financing Administration
Office of Inspector General****42 CFR Parts 409, 410, 411, 412, 413,
419, 489, 498, and 1003****[HCFA-1005-CN]****RIN 0938-A156****Medicare Program; Prospective Payment System for Hospital Outpatient Services; Correction****AGENCY:** Health Care Financing Administration (HCFA), HHS.**ACTION:** Correction of proposed rule.

SUMMARY: This document corrects technical and typographic errors that appeared in the proposed rule published in the **Federal Register** on September 8, 1998 entitled "Medicare Program; Prospective Payment System for Hospital Outpatient Services."

FOR FURTHER INFORMATION CONTACT:

Janet Wellham, (410) 786-4510 (for general information).

Kitty Ahern, (410) 786-4515 (for information related to the classification of services into ambulatory payment classification (APC) groups).

Suzanne Letsch (410) 786-4558 (for information related to volume control measures and updates).

Janet Samen (410) 789-9161 (for information on the application of APCs to community health centers).

SUPPLEMENTARY INFORMATION:**Background**

In FR Doc. 98-23383 of September 8, 1998 (63 FR 47551), we published a proposed rule that reflected a number of technical errors, resulting in inconsistencies between the proposed policies and the associated numerical values. Specifically, the numerical values in the proposed rule reflected incorrect data and data programming. This document sets forth corrected numerical values.

The problems in the data and data programming are a direct result of the frequent modifications to our databases during the initial development of the model prospective payment system and the changes we made during the development of the proposed rule to reflect the final legislative provision enacted on August 5, 1997 in the Balanced Budget Act of 1997 (BBA 1997), Public Law 105-33. We have corrected our databases and our data programming, and this document

corrects the numerical values published in the September 8, 1998 proposed rule. Correcting the data errors does not mean that the proposed policies themselves need to be revised. Correcting the data changes the impacts of the proposed policies to a very limited extent, but this document does not revise any of the policies reflected in the September 8, 1998 proposed rule.

Accordingly, we have recalculated the current payment, total services (total units) and corrected relative weights, proposed payment rates, national unadjusted coinsurance, minimum unadjusted coinsurance, and service-mix index that were published on September 8, 1998.

The service-mix indices previously published in the proposed rule are significantly different from the service-mix index published in this correction notice (in Addendum I) because the ambulatory payment classification (APC) relative weights used to calculate the service mix published in the proposed rule were scaled using a factor "for a high-level clinic visit for cardiovascular services (that is, APC 91356) rather than a mid-level clinic visit for cardiovascular services, identified as APC 91336." In addition, the service-mix index published in this correction notice incorporates the discount policy applied to multiple surgeries. However, the relative differences among hospitals did not change substantially between the proposed and corrected service-mix indices.

These data corrections required that we also correct our simulations of current payment, costs, and total units, leading to slight differences from the September 8, 1998 published version. Fully modeling proposed payment after accounting for data corrections, we calculated a new calendar year (CY) 1996 conversion factor of \$46.87, which is slightly higher than the published CY 1996 conversion factor of \$46.32. In addition to the data corrections mentioned above, we also made a correction in the computation of the conversion factor to appropriately account for wage index adjustments in proposed payments. The adjusted CY 1999 conversion factor is \$51.42.

Corrected simulations of costs and total units impacted the results of the regression analyses that we use in conjunction with payment simulations to determine whether the payment system should include adjustments for specific classes of hospitals. However, the results do not change our conclusion that no adjustments be proposed at this time.

These corrections require revisions to the impact tables and they also affect entries contained in Addendum A, Addendum B, Addendum C, Addendum D, and Addendum G. Addendum J, Addendum K, and Addendum L are revised to reflect the correct version of the wage index. Because of the many corrections to these "materials, we are reprinting portions of the impact analysis and the entire impact tables and agenda, below, in this notice.

The September 8, 1998 proposed rule also contained other technical and typographic errors. Errors related to the incorrect assignment of status indicators to certain CPT codes listed in Addendum B are corrected and reflected in the revised Addendum B printed in full below.

In FR Doc. 98-23383 of September 8, 1998, make the following corrections to the preamble, regulations text and addenda:

Correction of Errors in the Preamble

- On pages 47564 through 47565, the table titled "Packaged Services by Revenue Center" is corrected to read as follows:

PACKAGED SERVICES BY REVENUE CENTER

SURGERY	
250	PHARMACY
251	GENERIC
252	NONGENERIC
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES
276	INTRAOCULAR LENS
279	OTHER M&S SUPPLIES
370	ANESTHESIA
379	OTHER ANESTHESIA
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD
383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
387	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
700	CAST ROOM
709	OTHER CAST ROOM
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
720	LABOR ROOM
721	LABOR
723	CIRCUMCISION
762	OBSERVATION ROOM
810	ORGAN ACQUISITION

PACKAGED SERVICES BY REVENUE CENTER—Continued		PACKAGED SERVICES BY REVENUE CENTER—Continued	
819	OTHER ORGAN ACQUISITION	383	PLASMA
890	OTHER DONOR BANK	384	PLATELETS
891	BONE	385	LEUCOCYTES
892	ORGAN	386	OTHER COMPONENTS
893	SKIN	387	OTHER DERIVATIVES
899	OTHER DONOR BANK, OTHER	389	OTHER BLOOD
MEDICAL VISIT		390	BLOOD STORAGE AND PROCESSING
250	PHARMACY	391	BLOOD ADMINISTRATION
251	GENERIC	399	OTHER BLOOD PROC/STORAGE
252	NONGENERIC	621	SUPPLIES INCIDENT TO RADIOLOGY
257	NONPRESCRIPTION DRUGS	710	RECOVERY ROOM
258	IV SOLUTIONS	719	OTHER RECOVERY ROOM
259	OTHER PHARMACY	762	OBSERVATION ROOM
270	M&S SUPPLIES	ALL OTHER APC GROUPS	
271	NONSTERILE SUPPLIES	250	PHARMACY
272	STERILE SUPPLIES	251	GENERIC
279	OTHER M&S SUPPLIES	252	NONGENERIC
380	BLOOD, GENERAL CLASS	257	NONPRESCRIPTION DRUGS
381	PACKED RED CELLS	258	IV SOLUTIONS
382	WHOLE BLOOD	259	OTHER PHARMACY
383	PLASMA	270	M&S SUPPLIES
384	PLATELETS	271	NONSTERILE SUPPLIES
385	LEUCOCYTES	272	STERILE SUPPLIES
386	OTHER COMPONENTS	279	OTHER M&S SUPPLIES
387	OTHER DERIVATIVES	380	BLOOD, GENERAL CLASS
389	OTHER BLOOD	381	PACKED RED CELLS
390	BLOOD STORAGE AND PROCESSING	382	WHOLE BLOOD
391	BLOOD ADMINISTRATION	383	PLASMA
399	OTHER BLOOD PROC/STORAGE	384	PLATELETS
700	CAST ROOM	385	LEUCOCYTES
709	OTHER CAST ROOM	386	OTHER COMPONENTS
762	OBSERVATION ROOM	387	OTHER DERIVATIVES
OTHER DIAGNOSTIC (BLENDED SERVICES)		389	OTHER BLOOD
254	PHARMACY INCIDENT TO OTHER DIAGNOSTIC	390	BLOOD STORAGE AND PROCESSING
372	ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC	391	BLOOD ADMINISTRATION
380	BLOOD, GENERAL CLASS	399	OTHER BLOOD PROC/STORAGE
381	PACKED RED CELLS	762	OBSERVATION ROOM
382	WHOLE BLOOD	<p>2. On page 47568, column two, line 16, the figure "\$208.25" is corrected to read "\$206.71".</p> <p>3. On page 47572, column one, last paragraph, the date and Federal Register citation are corrected to read as follows: August 29, 1997 (62 FR 45984).</p>	
383	PLASMA	<p>4. On page 47573, column three, line nine, "\$46.32" is corrected to read "\$46.87".</p> <p>5. On page 47573, column three, line 12, "1.0939" is corrected to read "1.097".</p>	
384	PLATELETS	<p>6. On page 47573, column three, line 24, the text beginning with the sentence "In estimating the update factor, HCFA's Office of the Actuary assumed * * *" through the phrase ending "Medicare absorbing this impact" in line 44 is removed.</p>	
385	LEUCOCYTES	<p>7. On page 47573, column three, line 46, "\$50.67" is corrected to read "\$51.42".</p>	
386	OTHER COMPONENTS	<p>8. On page 47574, column two, in section 2(a)(ii), line four, "29.2" is corrected to read "13.0".</p>	
397	OTHER DERIVATIVES		
389	OTHER BLOOD		
390	BLOOD STORAGE AND PROCESSING		
391	BLOOD ADMINISTRATION		
399	OTHER BLOOD PROC/STORAGE		
622	SUPPLIES INCIDENT TO OTHER DIAGNOSTIC		
710	RECOVERY ROOM		
719	OTHER RECOVERY ROOM		
762	OBSERVATION ROOM		
RADIOLOGY			
255	PHARMACY INCIDENT TO RADIOLOGY		
371	ANESTHESIA INCIDENT TO RADIOLOGY		
380	BLOOD, GENERAL CLASS		
381	PACKED RED CELLS		
382	WHOLE BLOOD		
		<p>9. On page 47576, column two, line 26, "1999" is corrected to read "1998".</p> <p>10. On page 47576, column two, line 28, the Federal Register title, date, and citation are corrected to read as follows: "Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1998 Rates (BPD-878-FC) published in the Federal Register on August 29, 1997 (62 FR 45995)".</p> <p>11. On page 47577, column one, paragraph two, line 39, "1996" is corrected to read "1998".</p> <p>12. On page 47577, column two, last paragraph, line nine, "\$105" is corrected to read "\$120".</p> <p>13. On page 47578, column two, second full paragraph, line four, the following new sentence is added to read as follows: "The edits referred to in this section were not used in the development of the weights or the impact analysis described in this proposed rule."</p> <p>14. On page 47580, column one, First line, the words "level 1" are added after the words "hospitals with" and before the word "trauma".</p> <p>15. On page 47580, column one, line two, the sentence beginning "These costs were * * *" is removed and is replaced with the following: "These costs were 200 percent or more higher than the average cost per unit for all hospitals."</p> <p>16. On page 47580, column one, last paragraph, line one, "83" is corrected to read "96".</p> <p>17. On page 47580, column one, last paragraph, line three, "51" is corrected to read "46".</p> <p>18. On page 47580, column one, last paragraph, line six, "32" is corrected to read "50".</p> <p>19. On page 47580, column two, line five, "5,419" is corrected to read "5,335".</p> <p>20. On page 47580, column two, second full paragraph, line 14, the words "level 1" are added before the words "trauma unit".</p> <p>21. On page 47580, column two, last paragraph, line four, the sentence beginning "We also calculated * * *" is removed and is replaced with the following: "This service mix is discounted" to reflect the reduced weight for additional surgical procedures performed at the same time, which is consistent with the proposed payment system."</p> <p>22. On page 47580, column two, last paragraph, line 10, the sentence beginning "The national average * * *" is removed and is replaced with the following: "The national average service mix discounted for multiple procedures is 2.05."</p>	

23. On page 47580, column two, last paragraph, last line, remove text from the sentence beginning "The differences between * * *" through line seven in column three.

24. On page 47580, column three, first full paragraph, line 13, "0.68" is corrected to read "0.76".

25. On page 47580, column three, first full paragraph, line 17, "6.8 percent" is corrected to read "7.6 percent".

26. On page 47580, column three, paragraph two, line 25, "7.5 percent" is corrected to read "8.9 percent".

27. On page 47580, column three, the third full paragraph through page 47581, column one, line 10, is removed and is replaced with the following: "While the regression analysis shows less than a proportional relationship between the service mix and the cost per unit, the difference is relatively small. The coefficient of service mix ranged from 0.76 to 0.92 over the regression models we examined. We will continue to monitor the method of basing payments on median APC costs to ascertain whether it is representative of both high-weighted and low-weighted procedures."

28. On page 47581, column one, first full paragraph, line nine, "0.51 to 0.68" is corrected to read "0.40 to 0.58."

29. On page 47581, column one, first full paragraph, lines 10 to 11, "50 and 70 percent." is corrected to read "40 and 60 percent."

30. On page 47581, column one, first full paragraph, line 29, the sentence beginning "The explanatory regression * * *" is removed.

31. On page 47581, column two, first full paragraph, line 10, the word "not" is added before "significant".

32. On page 47581, column two, first full paragraph, line 13, "4.5 percent [calculated $(e^{DSHP*0.11} - 1)*100]$]" is corrected read "1.6 percent [calculated $(e^{DSHP*0.04} - 1)*100]$]."

33. On page 47581, column two, first full paragraph, line 16, the text beginning with "Teaching intensity * * *" through line 21 ending with "services." is removed and is replaced with the following: "The extremely small percentage difference in costs reflects the lack of significance observed for the disproportionate share variable. In most regression specifications, the teaching intensity variables were positive, significant ($p < 0.05$), but small in magnitude."

34. On page 47581, column two, last paragraph, line five, the text beginning with "We determined * * *" through line 23 in column three, is removed and is replaced with the following: "The results of our threshold analysis of disproportionate share percentage

reflected the lack of significance observed above. We could not identify a threshold at which hospitals with a disproportionate share of low-income patients evidenced higher standardized costs. The connection between disproportionate share and volume warrants further analysis. However, at this time, we cannot identify a threshold and, therefore, did not calculate a new disproportionate share variable. Positive and significant effects for the teaching variable do not occur for hospitals whose ratio of residents to inpatient and outpatient days is less than 0.28. We used these results to estimate a new ratio of residents to inpatient and outpatient "days" based on a 0.28 threshold. We subtracted this threshold from the original variable to create a new teaching variable. Subtracting The threshold removes the effect of values that are not significantly related to cost per unit and eliminates the sudden increase (notch effect) in the teaching variable at the threshold level. The new variable suggests that a hospital with a ratio of residents to inpatient and outpatient utilization 0.07 higher than the 0.28 threshold is approximately 1 percent more costly [calculated $((1+IME)^{0.14} - 1)*100$.]"

35. On page 47581, column three, first full paragraph, line eight, "8 percent" is corrected to read "12 percent".

36. On page 47581, column three, first full paragraph, line nine, "other" is added before "urban".

37. On page 47581, column three, second full paragraph, line two, "(long-term care, children's, and psychiatric)" is corrected to read "(long-term care and children's)".

38. On page 47581, column three, second full paragraph, line six, "Cancer, children's and long-term care" is removed and is replaced with "These".

39. On pages 47581 through 47582 and continued on page 47585, through line five of the first full paragraph in column two, the text in the section titled "Estimated Payments" is removed and is replaced with the following:

The appropriateness of potential payment adjustments must be based on both cost effects estimated by regression analysis and other factors including simulated payment impacts. We simulated the impact of the proposed system on hospitals by calculating the percentage difference between payments made under current law and payments under the proposed system (column 3). Section X. contains a more complete table that considers the impact of proposed payments on additional classes of hospitals, including TEFRA and cancer hospitals. Although Column 3 represents the net effect of the new

PPS on hospitals, we thought it was necessary to show the impacts on hospitals of simply changing the payment system without including the effects of the overall reduced payment to hospitals because the PPS system is not budget neutral to current payment. To reiterate, the conversion factor is set by summing Medicare payments under the current system and beneficiary copayment under the new system and dividing by the sum of the relative weights. Beneficiary copayments under the new system will reduce overall payments to most hospitals because 20 percent of the median group charges is less than 20 percent of actual charges. Therefore, we simulated the impacts as though the conversion factor were set as if the system were to be budget neutral. Column 4 demonstrates the distributional impacts resulting from implementing the new system after eliminating the overall reduction in payment most hospitals will experience due to the effect of the methodology used to set the conversion factor. We believe the column 4 percentage differences are what we should examine since any adjustment we would consider should correct for inequities caused by moving to a PPS (not the legislated reduction in total payment).

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Based on our analyses, we are not proposing to make adjustments to the outpatient payment rates for disproportionate share patient percentage and teaching intensity and rural location for the following reasons.

1. Estimated effects of disproportionate share patient percentage on costs were small and most often not statistically significant.

2. After removing the copay effect, most teaching hospitals gain under the proposed system payments relative to current law. Although teaching hospitals with a large number of residents relative to outpatient and inpatient utilization demonstrate slightly higher costs, targeting these hospitals with a small adjustment does not greatly improve their payment

impacts. These impacts should also be evaluated in terms of the overall effect on Medicare payments because on average, outpatient services account for 10 percent of hospitals' Medicare payments. For example, the associated reduction of total Medicare payments for major teaching hospitals would be about 1 percent.

3. With the teaching adjustment we considered, estimated overall payment reductions for rural hospitals would be 7.9 percent under the proposed system, rather than 7.4 percent. These hospitals also receive a greater percent of their Medicare income (14.7 percent) from providing outpatient services. Similarly, payment reductions for low-volume rural hospitals would be 17.8 percent of current payments, rather than 17.4 percent, and these hospitals also earn a greater percentage of their Medicare income (18.4 percent) from providing outpatient services. Because of these potential shifts in payments, any adjustment should be based on stronger analytic results than those found with the current data.

4. We also believe the issue of payment adjustments should be reexamined using data from initial years of the implemented system because current cost calculations and relationships among key factors and costs probably are affected by variation in coding patterns.

5. HCFA is working towards standardizing payment across all sites of service. Fewer adjustments to the outpatient PPS would allow HCFA to move ahead more quickly with this approach.

6. We believe that we should monitor the impact of basing APC weight calculations on the median rather than

the geometric mean because better correlation between costs and service mix would impact the size of adjustments.

Although the payment simulations show potentially large percentage losses and low payment-to-cost ratios for low-volume hospitals, we are not proposing an adjustment for volume. The low-volume hospitals get a much greater percent of their Medicare income from the provision of outpatient services than the average, and total Medicare payments would drop by 3.2 percent for rural low-volume hospitals and 1.7 percent for urban low-volume hospitals. Low-volume hospitals have higher than average standardized unit costs, which may be attributable to economies of scale, undercoding, or cost allocations to the outpatient departments that are not volume related. However, an adjustment to the rates based on volume alone might reward inefficiency and create adverse incentives such as a reduction in services in order to increase payment rates.

We are particularly concerned about the potential impact of the outpatient PPS on low-volume rural hospitals that are sole community hospitals or Medicare-dependent hospitals.

39a. On page 47585, column two, first full paragraph, line six, the sentence beginning "Approximately 60 percent * * * is removed.

39b. On page 47585, the text in column three, first full paragraph, through the third full paragraph is removed and replaced with the following:

We also are not proposing adjustments for cancer or TEFRA hospitals at this time. We believe that claims from cancer and TEFRA

hospitals have been undercoded, due to the lack of payment incentives for proper coding of these services under the current system. Further analysis will be conducted to determine if current coding practices explain the negative impact. If we determine that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral.

We do not believe that this action will restrict beneficiary access because other hospitals provide many of the same services provided at TEFRA hospitals. In addition, rehabilitation and long-term care hospitals are less dependent than other hospitals on Medicare outpatient revenues.

We are not proposing adjustments for any eye and ear hospitals because payment simulations demonstrated an increase in payments under the proposed PPS. We also are not proposing an adjustment for trauma hospitals because these hospitals did not demonstrate significantly higher costs and only lose a modest percentage of their total Medicare payments, 0.8 percent, compared to all hospitals. We will assess the need for additional adjustments and make any appropriate changes as data become available under the new system."

40. On pages 47583 through 47584, the table "Changes for 1999 Outpatient Prospective Payment System" is retitled "Changes for Outpatient Prospective Payment Systems" and is corrected to read as follows:

CHANGES FOR OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

	Number of hos- pitals	Out- patient percent	No teaching adjustment				Teaching adjustment			
			Percent change in Medi- care out-pa- tient pay- ments	Copay Effect removed	Stand- ardized payment to cost ratio	Percent change is total Medi- care pay- ments	Percent change in Medi- care out-pa- tient pay- ments	Copay Effect removed	Stand- ardized payment to cost ratio	Percent change in total Medi- care pay- ments
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
ALL HOSPITALS	5,335	9.9	-5.7	0.0	1.0000	-0.6	-5.7	0.0	1.0000	-0.6
NON-TEFRA HOSPITALS	4,818	10.0	-5.7	0.0	1.0001	-0.6	-5.7	0.0	1.0001	-0.6
NON-TEFRA HOSPITALS										
GEOGRAPHIC LOCATION:										
URBAN HOSPITALS	2,643	9.3	-5.3	0.4	1.0053	-0.5	-5.2	0.5	1.0065	-0.5
LARGE URBAN AREAS	1,492	9.1	-6.6	-0.9	0.9890	-0.6	-6.3	-0.6	0.9928	-0.6
OTHER URBAN AREAS	1,151	9.6	-3.5	2.4	1.0287	-0.3	-3.7	2.1	1.0262	-0.4
RURAL HOSPITALS	2,173	14.7	-7.4	-1.8	0.9784	-1.1	-7.9	-2.3	0.9734	-1.2
VOLUME (URBAN):										
0-4,999 UNITS	357	12.2	-13.6	-8.3	0.8493	-1.7	-13.9	-8.7	0.8458	-1.7
5,000-10,999 UNITS	502	9.6	-6.6	-0.9	0.9577	-0.6	-7.0	-1.3	0.9535	-0.7
11,000-20,999 UNITS	597	9.0	-5.7	0.0	0.9839	-0.5	-6.1	-0.4	0.9802	-0.5
21,000-42,999 UNITS	756	8.8	-4.2	1.6	1.0202	-0.4	-4.4	1.4	1.0180	-0.4
43,000 OR MORE UNITS	431	9.7	-5.7	0.0	1.0133	-0.6	-5.1	0.7	1.0201	-0.5

CHANGES FOR OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued

	Number of hos- pitals	Out- patient percent	No teaching adjustment				Teaching adjustment			
			Percent change in Medi- care out-pa- tient pay- ments	Copay Effect removed	Stand- ardized payment to cost ratio	Percent change is total Medi- care pay- ments	Percent change in Medi- care out-pa- tient pay- ments	Copay Effect removed	Stand- ardized payment to cost ratio	Percent change in total Medi- care pay- ments
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
VOLUME (RURAL):										
0–4,999 UNITS	1,047	18.4	−17.4	−12.4	0.8216	−3.2	−17.8	−12.8	0.8170	−3.3
5,000–10,999 UNITS	601	15.3	−10.1	−4.6	0.9384	−1.5	−10.6	−5.2	0.9332	−1.6
11,000–20,999 UNITS	333	13.7	−6.5	−0.8	0.9962	−0.9	−7.0	−1.4	0.9910	−1.0
21,000–42,999 UNITS	170	13.5	−3.2	2.7	1.0435	−0.4	−3.7	2.2	1.0376	−0.5
43,000 OR MORE UNITS	22	13.3	−2.6	+3.3	1.0674	−0.3	−2.6	3.3	1.0677	−0.3
TEACHING STATUS:										
NON-TEACHING	3,814	11.2	−5.1	0.7	1.0029	−0.6	−5.6	0.1	0.9973	−0.6
FEWER THAN 100 RESIDENTS	758	9.1	−4.4	1.4	1.0256	−0.4	−4.9	0.9	1.0204	−0.4
100 OR MORE RESIDENTS	245	9.2	−10.6	−5.2	0.9414	−1.0	−7.9	−2.3	0.9697	−0.7
DISPROPORTIONATE SHARE PATIENT RATIO:										
0	17	20.3	−20.0	−15.1	0.7376	−4.1	−20.0	−15.1	0.7377	−4.1
0.001–0.099	904	10.3	−6.6	−0.9	0.9860	−0.7	−6.9	−1.2	0.9825	−0.7
0.100–0.159	1,008	10.9	−3.7	2.2	1.0307	−0.4	−4.1	1.7	1.0261	−0.4
0.160–0.229	971	10.2	−4.8	1.0	1.0143	−0.5	−4.9	0.9	1.0132	−0.5
0.230–0.349	956	9.6	−6.2	−0.5	0.9977	−0.6	−6.0	−0.3	1.0001	−0.6
0.350 AND GREATER	962	9.2	−8.4	−2.9	0.9579	−0.8	−7.5	−1.9	0.9675	−0.7

Note: Urban and rural breakouts in this table are based on MSA status/location only.

41. On page 47596, in the table titled "Estimated Annual Burden", column one, line two, "419.42(b) and (d)" is corrected to read "419.42(b) and (c)".

42. On page 47596, in the table titled "Estimated Annual Burden", column one, line three, "419.42(f)" is corrected to read "419.42(e)".

42a. On page 47597, column one, first full paragraph, line 14, "\$300" is corrected to read "\$600".

42b. On page 47597, column two, the table is corrected to read as follows:

Fiscal year	Impact (\$ millions)
1998	−940
1999	−1640
2000	−1320
2001	−1070
2002	−990
2003	−700

42c. On page 47597, column two, line five of text, "6.9" is corrected to read "10.9".

43. On pages 47597 through 47598, entire section F. is removed and replaced with the following:

F. Quantitative Impact Analysis of the Proposed Policy Changes Under the Prospective Payment System for Operating Costs and Capital Costs

Basis and Methodology of Estimates

The data used in developing quantitative analyses presented below are taken from the CY 1996 cost and charge data and the most current provider-specific file that is used for payment purposes. Our analysis has several qualifications. First, we draw

upon various sources for the data used to categorize hospitals in the tables. In some cases, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. For individual hospitals, however, some miscategorizations are possible.

Using CY 1996 cost and charge data, we simulated payments using the current and proposed payment methodologies. We used both single and multiple bills to calculate current and proposed Medicare and beneficiary hospital outpatient payment amounts. Both current and proposed payment estimates include operating and capital costs. We excluded Kaiser, New York Health and Hospital Corporation, and all-inclusive providers because reported charges on their cost reports are not actual charges. Cost-to-charge ratios for these hospitals are not comparable to all other hospitals. The exempted Maryland hospitals were also excluded from the simulations; however, we included the 10 cancer hospitals that will be paid under the proposed system.

We also trimmed outlier hospitals from the impact analysis because we had indications that hospitals with extreme unit costs would not allow us to access the impacts among the various classes of hospitals accurately. First, we identified all the outlier hospitals by using an edit of three standard deviations from the mean of the logged unit costs. Trimming the data in this manner ensures that only the hospitals with extremely high and low costs are

eliminated from the impacts. In doing this, we removed 96 hospitals of which 50 hospitals had extremely low unit costs and 46 hospitals had extremely high unit costs. We conducted a thorough analysis of these hospitals to ensure that we did not remove any particular type of hospital (for example, teaching hospitals) that would further harm the integrity of the data. We speculate many of these hospitals are not coding accurately, and we will continue to perform further analysis in this area after implementation of the new APC system.

After removing the 54 exempted Maryland hospitals, the all-inclusive rate hospitals, the outlier hospitals, and hospitals for which we could not identify payment variables, we included 5,335 hospitals in our analysis. The impact analysis focuses on this set of hospitals. The table below demonstrates the results of our analysis. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The first column represents the number of hospitals in each category. The second column is the hospitals' Medicare outpatient payments as a percentage of the hospitals' total Medicare payment. The third column shows the percentage change in Medicare outpatient payments comparing the current and proposed payment systems. The fourth column shows the change in *total Medicare*

payments, resulting from implementing the PPS for outpatient services.

The top row of the table shows the overall impact on the 5,335 hospitals included in the analysis. We included as much of the data as possible to the extent that we were able to capture all the provider information necessary to determine payment. Further, our estimates include the same set of services for both current and proposed APC payments so that we could determine the impact as accurately as possible. Since payment under the proposed APC system can only be determined if bills are accurately coded, the data upon which the impacts were developed do not reflect all CY 1996 hospital outpatient services, but only those that were coded using valid HCPCS.

The second row identifies the hospitals in our analysis with the exception of psychiatric, long-term care, children, and rehabilitation hospitals, which account for 4,818 hospitals.

The next four rows of the table contain hospitals categorized according to their geographic location (all urban, which is further divided into large urban and other urban, or rural). There are 2,643 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are 1,492 hospitals located in large urban areas (populations over 1 million), and 1,151 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 2,173 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The next category includes the volume of outpatient services, also shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have residency programs (teaching hospitals that receive an indirect medical education (IME) adjustment), receive disproportionate share hospital (DSH) payments, or some combination of these two adjustments. There are 3,814 non-teaching hospitals in our analysis, 758 teaching hospitals with fewer than 100 residents, and 245 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status. The next category groups hospitals considered urban after geographic reclassification, in terms of whether they receive the IME

adjustment, the DSH adjustment, both, or neither. The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (rural referral centers (RRCs), sole community hospitals/essential access community hospitals (SCHs/EACHs), Medicare dependent hospitals (MDHs), and SCHs and RRCs), as well as rural hospitals not receiving a special payment designation. The RRCs (168), SCH/EACHs (626), MDHs (365), and SCH and RRCs (55) shown here were not reclassified for purposes of the standardized amount.

The next grouping is based on type of ownership. These data are taken primarily from the FY 1995 Medicare cost report files, if available (otherwise, FY 1994 data are used).

The next groupings are the specialty hospitals. The first set includes the categorizations of eye and ear hospitals and trauma hospitals (hospitals having a level one trauma center) and cancer hospitals. The final groupings are the TEFRA hospitals, specifically rehabilitation, psychiatric, long-term care, and children hospitals.

43a. On page 47598, the text in section G. Beginning in column two, first full paragraph, through page 47599, column three, line 16, is removed and replaced with the following:

G. Estimated Impact of the New APC System

Column 3 compares our estimate of payments, incorporating statutory and policy changes reflected in this proposed rule for CY 1996, to our estimate of payments in CY 1996 under the current payment system. Percent differences between current and proposed payment reflect the combined impact of a proportionally equal reduction in payments due to the calculation of the conversion factor and distributional differences attributable to variation in cost and charge structures among hospitals. The methodology described in section 1833(t)(3)(C) of the Act outlining the calculation of the conversion factor reduces payment to hospitals overall by 5.7 percent relative to current law. As noted, section 1833(t)(3)(C) of the Act requires us to set the conversion factor so that total 1999 payments to hospitals under the proposed PPS system equal Medicare payment amounts as calculated under the current payment system plus beneficiary copayments as calculated under the proposed system (20 percent of the APC median charge or, at minimum, 20 percent of the APC rate). The 5.7 percent loss implies that the difference between the median and charges higher than the median was

proportionally larger than the difference between the median and charges lower than the median. Because this reduction is incorporated into the conversion factor, the 5.7 percent is distributed among hospitals proportional to their total payments. After removing the effect of the conversion factor calculation on total payments, the remaining percent differences demonstrate the redistribution of payments among hospitals and can be attributed to variation in both costs and charge structures. Variation in costs among hospitals results in differences between current and proposed Medicare payments, and variation in charge structures results in differences between current and proposed beneficiary copayment.

Redistributions may also occur as a result of current payment methods. Total Medicare outpatient payments are less than reported total costs because (in addition to the 5.8 and 10 percent reductions for operating and capital costs) the blended payment methods applicable to many surgical and diagnostic services often result in payments that are less than reported costs. Other services such as medical visits, chemotherapy services, and non-ASC approved surgeries are paid based on hospital costs. The new system redistributes the current total Medicare payments, based in part on cost-based payments and in part on blended payment amounts, across all services. Hospitals, in the aggregate, will receive proportionately less for services that are currently paid based on costs and more for services that had been paid under blended payment methods.

The impact on TEFRA hospitals is shown separately at the end of the table; however, these hospitals were not included in determining the impact on any of the other categories (for example, geographic location, bed size, volume, etc.). These hospitals demonstrated a very low service mix, but an average unit cost that approximates the national average. We believe that billing practices may account for this phenomenon. Some TEFRA hospitals appear to undercode HCPCS and units. This may be because correct coding is not required for payment or because they bill an all-inclusive rate. Undercoding or billing an all-inclusive rate could account for their low-volume, low-service mix, and average cost per unit. We expect that once these hospitals begin to code HCPCS according to the new payment system, new payments will better reflect current payments.

In general, differences among hospital classifications for short-term acute care

hospitals were relatively small. This is, payments under the proposed outpatient system were within a few percentage points of payments made under current law. The following discussion highlights some of the variation in payments among hospital classifications.

Based on comparing current and proposed payment estimates, minor teaching hospitals lose 4.4 percent, while major teaching hospitals experience a reduction of 10.6 percent. Non-teaching hospitals experience a decrease of 5.1 percent. However, major teaching hospitals gain less of their total Medicare income (9.2 percent) from outpatient services than the national average (10 percent). This results in a 1 percent loss in their total Medicare income.

Hospitals with a high percentage of low-income patients (disproportionate

share patient percentage greater than or equal to 0.35) appear to experience payment reductions of 8.4 percent relative to current law. These hospitals have lower than average volume, and like major teaching hospitals, they receive a smaller than average percent of their Medicare income from outpatient services.

Rural hospitals would lose about 7.4 percent, large urban hospitals would lose about 6.6 percent, and other urban hospitals would lose 3.5 under the new system. Rural hospitals get a greater percentage of their Medicare income (14.7 percent) from outpatient services compared to the national average of 10 percent.

Low-volume hospitals appear to lose a large percentage of their payments under the new payment system (17.4 percent for rural and 13.6 percent for urban hospitals with less than 5,000

units of service). We believe several factors are contributing to this outcome, including undercoding, lack of economies of scale, and underpayment due to the reliance on the median instead of the geometric mean in the calculation of APC weights. The majority of these hospitals (about 75 percent) are rural. For these small hospitals, some of the higher standardized unit costs could be attributed to economies of scale. These low-volume rural hospitals also receive a greater percentage of their Medicare income (18.4 percent) from outpatient services than the average.

43b. On page 47599, the table titled: Estimated Impact of a Transition Policy on Medicare Outpatient Payment for Medicare-Dependent and Sole Community Hospitals," is corrected to read as follows:

ESTIMATED IMPACT OF A TRANSITION POLICY ON MEDICARE OUTPATIENT PAYMENTS FOR MEDICARE-DEPENDENT AND SOLE COMMUNITY HOSPITALS
[In percent]

	Year 1	Year 2	Year 3	Year 4
MDH	-2.8	-5.6	-8.5	-11.3
SCH	-3.2	-6.4	-9.7	-12.9
SCH/RRC	-1.9	-3.8	-5.8	-7.7

43c. On page 47599, the text in section G, beginning in column two, line seven from the bottom through page 47600, is corrected to read as follows:

As noted above, rural hospitals lose a larger percent of their payments than urban hospitals. Among the census divisions, rural New England hospitals experience the largest negative payment impact of 12.2 percent. This could be attributed to higher nonlabor costs in New England.

Urban census division breakouts reveal that Middle Atlantic urban hospitals have the largest negative payment impact of 9.7 percent.

Hospitals located in Puerto Rico gain because of the change in the beneficiary copayment. Previously these hospitals received 20 percent of their charges from the beneficiary, whereas under the new PPS they would receive 20 percent of the APC median charge or, at minimum, they would receive 20 percent of the payment rate. Hospitals in Puerto Rico gain under the new proposed system because 20 percent of their charges are lower than 20 percent

of the APC median charges or 20 percent of the rates

Among special categories of rural hospitals, MDHs and SCHs/EACHs would experience decreases of 11.3 and 12.9 percent, respectively. Some of this decrease may be attributed to the impact on low-volume rural hospitals.

Cancer hospitals experience a 32.4 percent loss. Several factors may contribute to this loss. Undercoding could be a factor contributing to the percentage loss. In addition, the current requirements for batch billing of services such as chemotherapy and radiation therapy and the fact that we used only single procedure bills to calculate group weights may also have contributed to the impact on these hospitals. Further analysis will be conducted to determine if current coding practices explain the negative impact. We will be verifying the accuracy of the rates for these types of procedures. Specifically, the APC weights were calculated using single bill procedures. Using single bill procedures

to compute a weight for services that are not typically billed as a single procedure could result in rates that are not accurate for these services. We will verify the accuracy of the rates for these types of procedures by analyzing the costs from the multiple bills. If further analysis reveals that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral. Until further analysis can be conducted, we are not proposing an adjustment for cancer hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

44. On pages 47601 through 47604, the table titled "Changes for Outpatient Prospective Payment System" is re-titled "Impact of Outpatient Prospective Payment System" and corrected to read as follows:

IMPACT OF OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
ALL HOSPITALS	5,335	9.9	-5.7	-0.6
NON-TEFRA HOSPITALS	4,819	10.0	-5.7	-0.6
NON-TEFRA HOSPITALS				
GEOGRAPHIC LOCATION:				
URBAN HOSPITALS	2,643	9.3	-5.3	-0.5
LARGE URBAN AREAS	1,492	9.1	-6.6	-0.6
OTHER URBAN AREAS	1,151	9.6	-3.5	-0.3
RURAL HOSPITALS	2,173	14.7	-7.4	-1.1
BED SIZE (URBAN):				
0-99 BEDS	646	15.4	-7.3	-1.1
100-199 BEDS	910	10.4	-4.2	-0.4
200-299 BEDS	531	9.2	-3.8	-0.3
300-499 BEDS	418	8.6	-4.8	-0.4
500 OR MORE BEDS	138	8.3	-9.7	-0.8
BED SIZE (RURAL):				
0-49 BEDS	1,138	19.6	-13.8	-2.7
50-99 BEDS	641	15.5	-8.4	-1.3
100-149 BEDS	229	13.5	-6.0	-0.8
150-199 BEDS	91	13.0	-4.3	-0.6
200 OR MORE BEDS	74	11.4	-2.9	-0.3
VOLUME (URBAN):				
0-4,999 UNITS	357	12.2	-13.6	-1.7
5,000-10,999 UNITS	502	9.6	-6.6	-0.6
11,000-20,999 UNITS	597	9.0	-5.7	-0.5
21,000-42,999 UNITS	756	8.8	-4.2	-0.4
43,000 OR MORE UNITS	431	9.7	-5.7	-0.6
VOLUME (RURAL):				
0-4,999 UNITS	1,047	18.4	-17.4	-3.2
5,000-10,999 UNITS	601	15.3	-10.1	-1.5
11,000-20,999 UNITS	333	13.7	-6.5	-0.9
21,000-42,999 UNITS	170	13.5	-3.2	-0.4
43,000 OR MORE UNITS	22	13.3	-2.6	-0.3
URBAN BY CENSUS DIV.:				
NEW ENGLAND	148	10.8	-3.2	-0.3
MIDDLE ATLANTIC	391	8.3	-9.7	-0.8
SOUTH ATLANTIC	393	8.6	-5.8	-0.5
EAST NORTH CENTRAL	446	10.6	-4.3	-0.5
EAST SOUTH CENTRAL	158	7.9	-1.8	-0.1
WEST NORTH CENTRAL	187	9.5	-6.5	-0.6
WEST SOUTH CENTRAL	337	9.7	-7.4	-0.7
MOUNTAIN	120	10.3	-2.2	-0.2
PACIFIC	428	9.3	-1.8	-0.2
PUERTO RICO	35	6.6	8.5	0.6
RURAL BY CENSUS DIV.:				
NEW ENGLAND	56	16.9	-12.2	-2.1
MIDDLE ATLANTIC	81	13.5	0.2	0.0
SOUTH ATLANTIC	282	11.8	-7.7	-0.9
EAST NORTH CENTRAL	287	15.8	-6.1	-1.0
EAST SOUTH CENTRAL	266	11.2	-6.5	-0.7
WEST NORTH CENTRAL	516	19.6	-10.9	-2.1
WEST SOUTH CENTRAL	339	14.2	-10.6	-1.5
MOUNTAIN	207	16.7	-8.3	-1.4
PACIFIC	137	16.4	-3.4	-0.6
PUERTO RICO	2	6.6	28.5	1.9
TEACHING STATUS:				
NON-TEACHING	3,814	11.2	-5.1	-0.6
FEWER THAN 100 RESIDENTS	758	9.1	-4.4	-0.4
100 OR MORE RESIDENTS	245	9.2	-10.6	-1.0
DISPROPORTIONATE SHARE PATIENT RATIO:				
0	17	20.3	-20.0	-4.1
0.001-0.099	904	10.3	-6.6	-0.7
0.100-0.159	1,008	10.9	-3.7	-0.4
0.160-0.229	971	10.2	-4.8	-0.5
0.230-0.349	956	9.6	-6.2	-0.6
0.350 AND GREATER	962	9.2	-8.4	-0.8

IMPACT OF OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
URBAN TEACHING AND DSH:				
BOTH TEACHING AND DSH	944	9.0	-6.6	-0.6
TEACHING AND NO DSH	2	19.8	-31.0	-6.1
NO TEACHING AND DSH	1,688	9.8	-3.7	-0.4
NO TEACHING AND NO DSH	9	30.4	7.2	2.2
RURAL HOSPITAL TYPES:				
NONSPECIAL STATUS HOSPITALS	944	15.0	-6.8	-1.0
RRC	168	12.4	-2.3	-0.3
SCH/EACH	626	16.4	-12.9	-2.1
MDH	365	18.2	-11.3	-2.1
SCHM/EACH AND RRC	55	13.7	-7.7	-1.1
TYPE OF OWNERSHIP:				
VOLUNTARY	2,839	9.9	-5.6	-0.6
PROPRIETARY	671	7.9	-4.7	-0.4
GOVERNMENT	1,308	12.3	-7.4	-0.9
SPECIALTY HOSPITALS:				
EYE AND EAR	10	31.1	10.4	3.2
TRAUMA	157	9.1	-8.4	-0.8
CANCER	10	22.0	-32.4	-7.1
TEFRA HOSPITALS:				
REHABILITATION	138	3.7	-11.1	-0.4
PSYCHIATRIC	278	10.7	-0.5	-0.1
LONG-TERM CARE	63	3.7	-19.6	-0.7
CHILDREN'S	38	9.4	-23.9	-2.2

Note: Urban and rural breakouts in this table are based on MSA status/location only.

Correction to the Regulations Text

§ 419.32 [Corrected]

45. On page 47613, in the regulations text, in column one, in paragraph (b)(1), in the second line, "paragraph (c)(2)" is corrected to read "paragraph (b)(2)"; and in paragraph (b)(2), in the fourth line, "paragraph (c)(1)" is corrected to read "paragraph (b)(1)".

Corrections to the Addenda

46. On pages 47615 through 47620, Addendum A is corrected to read as follows:

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
6020	Partial Hospitalizaiton	P	4.02	\$206.71	\$46.78	\$41.34
031	Dental procedures	S	1.37	\$70.45	\$14.09	\$14.09
061	Level I Chemotherapeutic agents	X	1.15	\$59.13	\$37.52	\$11.83
062	Level II Chemotherapeutic agents	X	1.78	\$91.53	\$36.61	\$18.31
063	Level III Chemotherapeutic agents	X	2.94	\$151.17	\$110.97	\$30.24
064	Level IV Chemotherapeutic agents	X	4.15	\$213.39	\$138.99	\$42.68
089	Neuropsychological Testing	X	4.06	\$208.77	\$46.10	\$41.75
090	Monitoring psychiatric drugs	X	0.85	\$43.71	\$12.20	\$8.74
1091	Brief Individual Psychotherapy	S	1.09	\$56.05	\$14.01	\$11.21
2092	Extended Individual Psychotherapy	S	1.63	\$83.81	\$21.47	\$16.76
093	Family Psychotherapy	S	1.56	\$80.22	\$20.11	\$16.04
094	Group Psychotherapy	S	1.31	\$67.36	\$19.89	\$13.47
121	Level I needle biopsy/aspiration	T	0.63	\$32.39	\$21.02	\$6.48
122	Level II needle biopsy/aspiration	T	4.59	\$236.02	\$113.00	\$47.20
131	Level I incision & drainage	T	1.93	\$99.24	\$36.61	\$19.85
132	Level II incision & drainage	T	5.63	\$289.49	\$132.89	\$57.90
137	Nail procedures	T	0.60	\$30.85	\$9.27	\$6.17
141	Level I Destruction of lesion	T	0.52	\$26.74	\$9.49	\$5.35
142	Level II Destruction of lesion	T	2.94	\$151.17	\$54.24	\$30.24
151	Level I debridement/destruction	T	1.63	\$83.81	\$33.22	\$16.76
152	Level II debridement/destruction	T	10.07	\$517.80	\$251.54	\$103.56
161	Level I excision/biopsy	T	3.43	\$176.37	\$75.71	\$35.27
162	Level II excision/biopsy	T	5.59	\$287.44	\$125.66	\$57.49
163	Level III excision/biopsy	T	10.48	\$538.88	\$260.80	\$107.78
181	Level I skin repair	T	2.17	\$111.58	\$44.07	\$22.32
182	Level II skin repair	T	4.11	\$211.34	\$92.43	\$42.27
183	Level III skin repair	T	11.04	\$567.68	\$283.18	\$113.54

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
184	Level IV skin repair	T	14.85	\$763.59	\$397.99	\$152.72
197	Incision/excision breast	T	11.94	\$613.95	\$308.26	\$122.79
198	Breast reconstruction/mastectomy	T	18.63	\$957.95	\$523.42	\$191.59
200	Arthrocentesis & Ligament/Tendon Injection.	T	1.76	\$90.50	\$39.10	\$18.10
207	Closed treatment fracture finger/toe/trunk	T	1.70	\$87.41	\$32.32	\$17.48
209	Closed treatment fracture/dislocation/except finger/toe/trunk.	T	1.94	\$99.75	\$37.74	\$19.95
210	Bone/joint manipulation under anesthesia	T	10.06	\$517.29	\$279.34	\$103.46
216	Open/percutaneous treatment fracture or dislocation.	T	20.09	\$1,033.03	\$524.09	\$206.61
217	Arthroplasty	T	20.54	\$1,056.17	\$530.42	\$211.23
218	Arthroplasty with prosthesis	T	27.80	\$1,429.48	\$720.71	\$285.90
226	Maxillofacial prostheses	T	1.56	\$80.22	\$21.92	\$16.04
231	Level I skull and facial bone procedures	T	11.31	\$581.56	\$286.79	\$116.31
232	Level II skull and facial bone procedures	T	23.82	\$1,224.82	\$636.87	\$244.96
251	Level I musculoskeletal procedures	T	13.88	\$713.71	\$365.89	\$142.74
252	Level II Musculoskeletal Procedures	T	19.24	\$989.32	\$512.34	\$197.86
253	Level III Musculoskeletal Procedures	T	25.74	\$1,323.55	\$684.55	\$264.71
254	Level IV Musculoskeletal Procedures	T	32.70	\$1,681.43	\$922.98	\$336.29
261	Level I Hand Musculoskeletal Procedures	T	10.41	\$535.28	\$259.00	\$107.06
262	Level II Hand Musculoskeletal Procedures	T	18.07	\$929.16	\$475.96	\$185.83
271	Level I Foot Musculoskeletal Procedures	T	14.12	\$726.05	\$365.44	\$145.21
272	Level II Foot Musculoskeletal Procedures	T	16.11	\$828.38	\$411.09	\$165.68
276	Bunion Procedures	T	19.00	\$976.98	\$495.39	\$195.40
280	Diagnostic Arthroscopy	T	22.15	\$1,138.95	\$581.72	\$227.79
281	Level I Surgical Arthroscopy	T	22.37	\$1,150.27	\$589.18	\$230.05
282	Level II Surgical Arthroscopy	T	23.65	\$1,216.08	\$609.97	\$243.22
286	Arthroscopically-Aided Procedures	T	27.69	\$1,423.82	\$791.90	\$284.76
311	Level I ENT Procedures	T	1.41	\$72.50	\$20.57	\$14.50
312	Level II ENT Procedures	T	7.07	\$363.54	\$170.86	\$72.71
313	Level III ENT Procedures	T	15.46	\$794.95	\$407.70	\$158.99
314	Level IV ENT Procedures	T	25.15	\$1,293.21	\$687.72	\$258.64
⁵ 317	Implantation of Cochlear Device	T				
318	Nasal Cauterization/Packing	T	2.07	\$106.44	\$38.87	\$21.29
319	Tonsil/Adenoid Procedures	T	16.20	\$833.00	\$463.53	\$166.60
320	Thoracentesis/Lavage Procedures	T	3.09	\$158.89	\$80.91	\$31.78
331	Level I Endoscopy Upper Airway	T	0.57	\$29.31	\$14.01	\$5.86
332	Level II Endoscopy Upper Airway	T	9.67	\$497.23	\$242.72	\$99.45
333	Level III Endoscopy Upper Airway	T	16.81	\$864.37	\$461.04	\$172.87
336	Endoscopy Lower Airway	T	7.24	\$372.28	\$195.49	\$74.46
339	Injection of Sclerosing Solution	T	0.98	\$50.39	\$19.66	\$10.08
341	Level I Needle and Catheter Placement	T	0.09	\$4.63	\$2.49	\$0.93
342	Level II Needle and Catheter Placement	T	2.61	\$134.21	\$68.70	\$26.84
343	Level III Needle and Catheter Placement	T	8.76	\$450.44	\$240.24	\$90.09
346	Placement Transvenous Caths/Cutdown	T	4.63	\$238.07	\$121.59	\$47.61
347	Injection Procedures for Interventional Radiology.	T	2.57	\$132.15	\$62.38	\$26.43
360	Removal/Revision, Pacemaker/Vascular Device.	T	6.04	\$310.58	\$138.54	\$62.12
367	Vascular Ligation	T	17.02	\$875.17	\$441.15	\$175.03
368	Vascular Repair/Fistula Construction	T	22.59	\$1,161.58	\$647.49	\$232.32
369	Blood and Blood Product Exchange	T	6.33	\$325.49	\$155.49	\$65.10
396	Lymph Node Excisions	T	12.98	\$667.43	\$334.48	\$133.49
397	Thyroid/Lymphadenectomy Procedures	T	19.12	\$983.15	\$542.17	\$196.63
406	Esophageal Dilatation without Endoscopy	T	4.17	\$214.42	\$106.67	\$42.88
407	Esophagoscopy	T	6.89	\$354.28	\$189.39	\$70.86
417	Diagnostic Upper GI Endoscopy	T	6.35	\$326.52	\$179.22	\$65.30
418	Therapeutic Upper GI Endoscopy	T	7.44	\$382.56	\$213.57	\$76.51
419	Small Intestine Endoscopy	T	6.83	\$351.20	\$164.08	\$70.24
426	Diagnostic Lower GI Endoscopy	T	6.74	\$346.57	\$185.32	\$69.31
427	Therapeutic Lower GI Endoscopy	T	8.09	\$415.99	\$222.84	\$83.20
437	Therapeutic Anoscopy	T	6.54	\$336.29	\$173.79	\$67.26
446	Diagnostic Sigmoidoscopy	T	2.54	\$130.61	\$64.86	\$26.12
447	Therapeutic Proctosigmoidoscopy	T	7.06	\$363.03	\$191.87	\$72.61
448	Therapeutic Flexible Sigmoidoscopy	T	5.28	\$271.50	\$139.22	\$54.30
449	Complex GI Endoscopy	T	7.63	\$392.33	\$213.57	\$78.47
451	Level I Anal/Rectal Procedures	T	2.42	\$124.44	\$53.56	\$24.89
452	Level II Anal/Rectal Procedures	T	4.52	\$232.42	\$103.06	\$46.48
453	Level III Anal/Rectal Procedures	T	16.26	\$836.09	\$440.47	\$167.22
456	Endoscopic Retrograde Cholangio-Pancreatography (ERCP).	T	9.61	\$494.15	\$249.05	\$98.83
458	Percutaneous Biliary Endoscopic Procedures.	T	6.81	\$350.17	\$181.70	\$70.03
459	Peritoneal and Abdominal Procedures	T	17.85	\$917.85	\$497.88	\$183.57
466	Hernia/Hydrocele Procedures	T	20.67	\$1,062.85	\$556.64	\$212.57
470	Tube Procedures	T	2.19	\$112.61	\$54.92	\$22.52
521	Level I Cystourethroscopy and other Genitourinary Procedures.	T	4.89	\$251.44	\$110.06	\$50.29

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
522	Level II Cystourethroscopy and other Genitourinary Procedures	T	10.15	\$521.91	\$259.45	\$104.38
523	Level III Cystourethroscopy and other Genitourinary Procedures	T	16.35	\$840.72	\$438.89	\$168.14
524	Level IV Cystourethroscopy and other Genitourinary Procedures	T	27.20	\$1,398.62	\$824.90	\$279.72
527	Lithotripsy	T	43.48	\$2,235.74	\$1,372.95	\$447.15
529	Simple Urinary Studies and Procedures	T	2.33	\$119.81	\$59.66	\$23.96
530	Genitourinary Procedures	T	2.46	\$126.49	\$53.34	\$25.30
531	Level I Urethral Procedures	T	18.59	\$955.90	\$531.55	\$191.18
532	Level II Urethral Procedures	T	23.02	\$1,183.69	\$588.50	\$236.74
536	Circumcision	T	12.89	\$662.80	\$321.60	\$132.56
537	Penile Procedures	T	28.65	\$1,473.18	\$872.36	\$294.64
538	Insertion of Penile Prosthesis	T	48.41	\$2,489.24	\$1,563.47	\$497.85
546	Testes/Epididymis Procedures	T	16.54	\$850.49	\$449.51	\$170.10
547	Prostate Biopsy	T	4.39	\$225.73	\$125.20	\$45.15
550	Surgical Hysteroscopy	T	16.46	\$846.37	\$445.22	\$169.27
551	Level I Laparoscopy	T	24.61	\$1,265.45	\$701.73	\$253.09
552	Level II Laparoscopy	T	37.09	\$1,907.17	\$1,053.84	\$381.43
561	Level I Female Reproductive Procedures	T	1.46	\$75.07	\$24.41	\$15.01
562	Level II Female Reproductive Procedures	T	12.30	\$632.47	\$325.44	\$126.49
563	Level III Female Reproductive Procedures	T	16.50	\$848.43	\$461.72	\$169.69
567	D & C	T	13.18	\$677.72	\$360.70	\$135.54
568	Infertility Procedures	T	2.79	\$143.46	\$55.60	\$28.69
578	Pregnancy and Neonatal Care Procedures	T	1.17	\$60.16	\$32.77	\$12.03
580	Vaginal Delivery	T	4.31	\$221.62	\$44.32	\$44.32
586	Therapeutic Abortion	T	11.98	\$616.01	\$409.29	\$123.20
587	Spontaneous Abortion	T	12.96	\$666.40	\$347.14	\$133.28
600	Spinal Tap	T	2.41	\$123.92	\$61.47	\$24.78
601	Level I Nervous System Injections	T	3.00	\$154.26	\$74.13	\$30.85
602	Level II Nervous System Injections	T	3.19	\$164.03	\$87.01	\$32.81
616	Implantation of Neurostimulator Electrodes	T	11.85	\$609.33	\$329.06	\$121.87
617	Revision/Removal Neurological Device	T	11.31	\$581.56	\$280.01	\$116.31
618	Implantation of Neurological Device	T	24.78	\$1,274.19	\$808.18	\$254.84
631	Level I Nerve Procedures	T	12.70	\$653.03	\$329.06	\$130.61
632	Level II Nerve Procedures	T	16.48	\$847.40	\$453.58	\$169.48
648	Laser Retinal Procedures	T	3.76	\$193.34	\$93.56	\$38.67
649	Laser Eye Procedures except Retinal	T	4.37	\$224.71	\$111.64	\$44.94
651	Level I Anterior Segment Eye Procedures	T	6.85	\$352.23	\$171.99	\$70.45
652	Level II Anterior Segment Eye Procedures	T	16.35	\$840.72	\$433.92	\$168.14
667	Cataract Procedures	T	20.35	\$1,046.40	\$538.11	\$209.28
668	Cataract Procedures with IOL Insert	T	22.02	\$1,132.27	\$617.21	\$226.45
670	Corneal Transplant	T	30.78	\$1,582.71	\$885.92	\$316.54
676	Posterior Segment Eye Procedures	T	5.87	\$301.84	\$138.54	\$60.37
677	Strabismus/Muscle Procedures	T	16.11	\$828.38	\$428.95	\$165.68
681	Level I Eye Procedures	T	1.65	\$84.84	\$30.51	\$16.97
682	Level II Eye Procedures	T	3.41	\$175.34	\$80.68	\$35.07
683	Level III Eye Procedures	T	9.56	\$491.58	\$252.44	\$98.32
684	Level IV Eye Procedures	T	13.26	\$681.83	\$341.94	\$136.37
690	Vitrectomy	T	30.39	\$1,562.65	\$845.69	\$312.53
700	Plain Film	X	0.80	\$41.14	\$22.37	\$8.23
706	Miscellaneous Radiological Procedures	X	1.43	\$73.53	\$39.10	\$14.71
710	Computerized Axial Tomography	S	4.98	\$256.07	\$173.12	\$51.21
716	Fluoroscopy	X	1.39	\$71.47	\$40.00	\$14.29
720	Magnetic Resonance Angiography	S	6.37	\$327.55	\$204.98	\$65.51
726	Magnetic Resonance Imaging	S	7.91	\$406.73	\$256.06	\$81.35
728	Myelography	S	3.50	\$179.97	\$91.98	\$35.99
730	Arthography	S	2.30	\$118.27	\$65.77	\$23.65
736	Digestive Radiology	S	1.85	\$95.13	\$53.79	\$19.03
737	Diagnostic Urography	S	2.69	\$138.32	\$81.81	\$27.66
738	Therapeutic Radiologic Procedures	S	3.74	\$192.31	\$104.86	\$38.46
739	Diagnostic Angiography and Venography	S	5.33	\$274.07	\$150.74	\$54.81
746	Mammography	S	0.69	\$35.48	\$19.44	\$7.10
747	Diagnostic Ultrasound Except Vascular	S	1.65	\$84.84	\$54.47	\$16.97
749	Guidance under Ultrasound	X	2.22	\$114.15	\$70.06	\$22.83
750	Therapeutic Radiation Treatment Planning	X	0.96	\$49.36	\$25.99	\$9.87
751	Level I Therapeutic Radiation Treatment Preparation	X	1.15	\$59.13	\$33.22	\$11.83
752	Level II Therapeutic Radiation Treatment Preparation	X	3.48	\$178.94	\$86.56	\$35.79
757	Radiation Therapy	S	2.26	\$116.21	\$52.43	\$23.24
758	Hyperthermic Therapies	S	5.08	\$261.21	\$137.18	\$52.24
759	Brachytherapy and Complex Radioelement Applications	S	7.98	\$410.33	\$157.97	\$82.07
760	PET Scans	S	14.89	\$765.64	\$419.46	\$153.13
761	Standard Non-Imaging Nuclear Medicine	S	1.80	\$92.56	\$54.01	\$18.51
762	Complex Non-Imaging Nuclear Medicine	S	2.02	\$103.87	\$55.82	\$20.77
771	Standard Planar Nuclear Medicine	S	3.81	\$195.91	\$117.29	\$39.18

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
772	Complex Planar Nuclear Medicine	S	4.26	\$219.05	\$128.37	\$43.81
781	Standard SPECT Nuclear Medicine	S	5.43	\$279.21	\$155.04	\$55.84
782	Complex SPECT Nuclear Medicine	S	9.00	\$462.78	\$267.13	\$92.56
791	Standard Therapeutic Nuclear Medicine	S	14.74	\$757.93	\$539.91	\$151.59
792	Complex Therapeutic Nuclear Medicine	S	4.81	\$247.33	\$143.06	\$49.47
861	Immunology Tests	X	0.13	\$6.68	\$3.62	\$1.34
881	Level I Pathology	X	0.22	\$11.31	\$6.78	\$2.26
882	Level II Pathology	X	0.39	\$20.05	\$11.75	\$4.01
883	Level III Pathology	X	0.69	\$35.48	\$20.34	\$7.10
900	Critical Care	S	7.54	\$387.71	\$145.09	\$77.54
901	Level I Immunization	X	0.07	\$3.60	\$2.49	\$0.72
902	Level II Immunization	X	1.31	\$67.36	\$38.19	\$13.47
903	Level III Immunization	X	1.00	\$51.42	\$24.86	\$10.28
906	Infusion Therapy except Chemotherapy	X	1.93	\$99.24	\$57.18	\$19.85
907	Intramuscular Injections	X	0.74	\$38.05	\$11.53	\$7.61
³ 91111	Low Level Clinic Visits	V	1.24	\$63.76	\$15.14	\$12.75
91118	Low Level Clinic Visits	V	0.83	\$42.68	\$9.27	\$8.54
91124	Low Level Clinic Visits	V	0.87	\$44.74	\$9.49	\$8.95
91131	Low Level Clinic Visits	V	0.81	\$41.65	\$9.04	\$8.33
91133	Low Level Clinic Visits	V	0.83	\$42.68	\$8.59	\$8.54
91136	Low Level Clinic Visits	V	0.87	\$44.74	\$8.95	\$8.95
91141	Low Level Clinic Visits	V	0.96	\$49.36	\$10.40	\$9.87
91153	Low Level Clinic Visits	V	0.91	\$46.79	\$9.49	\$9.36
91156	Low Level Clinic Visits	V	0.93	\$47.82	\$9.56	\$9.56
91157	Low Level Clinic Visits	V	1.37	\$70.45	\$17.85	\$14.09
91163	Low Level Clinic Visits	V	0.98	\$50.39	\$10.17	\$10.08
91168	Low Level Clinic Visits	V	0.96	\$49.36	\$10.40	\$9.87
91172	Low Level Clinic Visits	V	1.06	\$54.51	\$14.24	\$10.90
91178	Low Level Clinic Visits	V	1.52	\$78.16	\$21.47	\$15.63
91182	Low Level Clinic Visits	V	0.87	\$44.74	\$9.04	\$8.95
91186	Low Level Clinic Visits	V	1.07	\$55.02	\$11.53	\$11.00
91188	Low Level Clinic Visits	V	0.72	\$37.02	\$8.14	\$7.40
¹ 91191	Low Level Clinic Visits	V	1.09	\$56.05	\$14.01	\$11.21
91197	Low Level Clinic Visits	V	1.02	\$52.45	\$11.53	\$10.49
⁴ 91199	Low Level Clinic Visits	V	1.41	\$72.50	\$24.86	\$14.50
³ 91311	Mid Level Clinic Visits	V	1.24	\$63.76	\$15.14	\$12.75
91318	Mid Level Clinic Visits	V	0.98	\$50.39	\$10.08	\$10.08
91324	Mid Level Clinic Visits	V	0.96	\$49.36	\$9.87	\$9.87
91331	Mid Level Clinic Visits	V	0.94	\$48.33	\$9.67	\$9.67
91333	Mid Level Clinic Visits	V	0.93	\$47.82	\$9.56	\$9.56
91336	Mid Level Clinic Visits	V	1.00	\$51.42	\$10.28	\$10.28
91341	Mid Level Clinic Visits	V	1.00	\$51.42	\$10.28	\$10.28
91353	Mid Level Clinic Visits	V	1.00	\$51.42	\$10.28	\$10.28
91356	Mid Level Clinic Visits	V	1.04	\$53.48	\$10.70	\$10.70
91357	Mid Level Clinic Visits	V	1.33	\$68.39	\$13.68	\$13.68
91363	Mid Level Clinic Visits	V	1.04	\$53.48	\$10.70	\$10.70
91368	Mid Level Clinic Visits	V	0.85	\$43.71	\$8.74	\$8.74
91372	Mid Level Clinic Visits	V	1.06	\$54.51	\$10.90	\$10.90
91378	Mid Level Clinic Visits	V	1.13	\$58.10	\$11.62	\$11.62
91382	Mid Level Clinic Visits	V	1.00	\$51.42	\$10.28	\$10.28
91386	Mid Level Clinic Visits	V	1.04	\$53.48	\$10.70	\$10.70
91388	Mid Level Clinic Visits	V	0.83	\$42.68	\$8.54	\$8.54
¹ 91391	Mid Level Clinic Visits	V	1.09	\$56.05	\$14.01	\$11.21
91397	Mid Level Clinic Visits	V	1.04	\$53.48	\$10.70	\$10.70
⁴ 91399	Mid Level Clinic Visits	V	1.41	\$72.50	\$24.86	\$14.50
³ 91511	High Level Clinic Visits	V	1.24	\$63.76	\$15.14	\$12.75
91518	High Level Clinic Visits	V	1.72	\$88.44	\$19.21	\$17.69
91524	High Level Clinic Visits	V	1.46	\$75.07	\$15.37	\$15.01
91531	High Level Clinic Visits	V	1.35	\$69.42	\$14.24	\$13.88
91533	High Level Clinic Visits	V	1.44	\$74.04	\$14.81	\$14.81
91536	High Level Clinic Visits	V	1.46	\$75.07	\$15.37	\$15.01
91541	High Level Clinic Visits	V	1.54	\$79.19	\$15.84	\$15.84
91553	High Level Clinic Visits	V	1.44	\$74.04	\$14.81	\$14.81
91556	High Level Clinic Visits	V	1.44	\$74.04	\$15.14	\$14.81
91557	High Level Clinic Visits	V	1.76	\$90.50	\$22.83	\$18.10
91563	High Level Clinic Visits	V	1.50	\$77.13	\$16.05	\$15.43
91568	High Level Clinic Visits	V	1.33	\$68.39	\$13.79	\$13.68
91572	High Level Clinic Visits	V	1.72	\$88.44	\$22.15	\$17.69
91578	High Level Clinic Visits	V	1.89	\$97.18	\$29.15	\$19.44
91582	High Level Clinic Visits	V	1.46	\$75.07	\$15.14	\$15.01
91586	High Level Clinic Visits	V	1.76	\$90.50	\$19.21	\$18.10
91588	High Level Clinic Visits	V	1.19	\$61.19	\$12.88	\$12.24

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
291591	High Level Clinic Visits	Psychiatric disorders	V	1.63	\$83.81	\$21.47
91597	High Level Clinic Visits	Infectious disease	V	1.76	\$90.50	\$19.66
⁴ 91599	High Level Clinic Visits	Unknown cause of mortality	V	1.41	\$72.50	\$24.86
919	Electroconvulsive Therapy .....	.....	S	3.09	\$158.89	\$80.00
920	Biofeedback and other Training .....	.....	S	1.17	\$60.16	\$29.61
⁵ 921	Diabetes Education .....	.....	S	.....	.....	.....
926	Dialysis for other than ESRD patients .....	.....	S	4.22	\$216.99	\$69.83
928	Alimentary Tests .....	.....	X	2.91	\$149.63	\$79.78
930	Minor Eye Examinations .....	.....	X	1.04	\$53.48	\$22.83
931	Level I Eye Tests .....	.....	X	0.74	\$38.05	\$21.47
932	Level II Eye Tests .....	.....	X	2.41	\$123.92	\$63.73
936	Fitting of Vision Aids .....	.....	X	0.48	\$24.68	\$9.49
940	Otorhinolaryngologic Function Tests .....	.....	X	3.13	\$160.94	\$52.21
941	Level I Audiometry .....	.....	X	0.74	\$38.05	\$13.33
942	Level II Audiometry .....	.....	X	1.46	\$75.07	\$22.15
947	Resuscitation and Cardioversion .....	.....	S	4.11	\$211.34	\$106.22
948	Cardiac Rehabilitation .....	.....	X	0.81	\$41.65	\$16.95
949	Cardiovascular Stress Test .....	.....	X	1.43	\$73.53	\$61.92
950	Electrocardiogram (ECG) .....	.....	X	0.35	\$18.00	\$15.82
³ 95111	Low Level ER Visits	Well care and administrative	V	1.24	\$63.76	\$15.14
95118	Low Level ER Visits	Skin and breast diseases	V	1.17	\$60.16	\$19.21
95124	Low Level ER Visits	Musculoskeletal diseases	V	1.17	\$60.16	\$20.11
95131	Low Level ER Visits	Ear, nose, mouth and throat diseases	V	1.11	\$57.08	\$17.63
95133	Low Level ER Visits	Respiratory system diseases	V	1.15	\$59.13	\$18.53
95136	Low Level ER Visits	Cardiovascular system diseases	V	1.26	\$64.79	\$19.89
95141	Low Level ER Visits	Digestive system diseases	V	1.30	\$66.85	\$21.02
95153	Low Level ER Visits	Kidney, urinary tract and male genital diseases.	V	1.43	\$73.53	\$24.86
95156	Low Level ER Visits	Female genital system diseases	V	1.41	\$72.50	\$23.96
95157	Low Level ER Visits	Pregnancy and neonatal care	V	1.46	\$75.07	\$24.63
95163	Low Level ER Visits	Nervous system diseases	V	1.30	\$66.85	\$22.60
95168	Low Level ER Visits	Eye diseases	V	1.20	\$61.70	\$20.79
95172	Low Level ER Visits	Trauma and poisoning	V	1.28	\$65.82	\$22.15
95178	Low Level ER Visits	Major signs, symptoms and findings	V	1.94	\$99.75	\$36.39
95182	Low Level ER Visits	Endocrine, nutritional and metabolic diseases.	V	1.50	\$77.13	\$24.63
95186	Low Level ER Visits	Immunologic and hematologic diseases	V	1.46	\$75.07	\$26.89
95188	Low Level ER Visits	Malignancy	V	1.57	\$80.73	\$27.35
¹ 95191	Low Level ER Visits	Psychiatric Disorders	V	1.09	\$56.05	\$14.01
95197	Low Level ER Visits	Infectious disease	V	1.24	\$63.76	\$20.57
⁴ 95199	Low Level ER Visits	Unknown cause of mortality	V	1.41	\$72.50	\$24.86
³ 95311	Mid Level ER Visits	Well care and administrative	V	1.24	\$63.76	\$15.14
95318	Mid Level ER Visits	Skin and breast diseases	V	1.89	\$97.18	\$34.80
95324	Mid Level ER Visits	Musculoskeletal diseases	V	1.78	\$91.53	\$32.32
95331	Mid Level ER Visits	Ear, nose, mouth and throat diseases	V	1.80	\$92.56	\$31.64
95333	Mid Level ER Visits	Respiratory system diseases	V	1.91	\$98.21	\$33.67
95336	Mid Level ER Visits	Cardiovascular system diseases	V	2.02	\$103.87	\$36.16
95341	Mid Level ER Visits	Digestive system diseases	V	2.02	\$103.87	\$36.61
95353	Mid Level ER Visits	Kidney, urinary tract and male genital diseases.	V	2.06	\$105.93	\$38.65
95356	Mid Level ER Visits	Female genital system diseases	V	2.06	\$105.93	\$36.84
95357	Mid Level ER Visits	Pregnancy and neonatal care	V	2.10	\$107.98	\$40.68
95363	Mid Level ER Visits	Nervous system diseases	V	1.89	\$97.18	\$35.03
95368	Mid Level ER Visits	Eye diseases	V	1.67	\$85.87	\$33.00
95372	Mid Level ER Visits	Trauma and poisoning	V	2.02	\$103.87	\$39.10
95378	Mid Level ER Visits	Major signs, symptoms and findings	V	3.07	\$157.86	\$58.76
95382	Mid Level ER Visits	Endocrine, nutritional and metabolic diseases.	V	2.30	\$118.27	\$43.84
95386	Mid Level ER Visits	Immunologic and hematologic diseases	V	2.48	\$127.52	\$49.27
95388	Mid Level ER Visits	Malignancy	V	2.17	\$111.58	\$42.26
95391	Mid Level ER Visits	Psychiatric Disorders	V	2.02	\$103.87	\$35.93
95397	Mid Level ER Visits	Infectious disease	V	1.99	\$102.33	\$36.61
⁴ 95399	Mid Level ER Visits	Unknown cause of mortality	V	1.41	\$72.50	\$24.86
³ 95511	High Level ER Visits	Well care and administrative	V	1.24	\$63.76	\$15.14
95518	High Level ER Visits	Skin and breast diseases	V	2.59	\$133.18	\$46.78
95524	High Level ER Visits	Musculoskeletal diseases	V	2.46	\$126.49	\$41.36
95531	High Level ER Visits	Ear, nose, mouth and throat diseases	V	2.57	\$132.15	\$44.07
95533	High Level ER Visits	Respiratory system diseases	V	3.13	\$160.94	\$54.69
95536	High Level ER Visits	Cardiovascular system diseases	V	3.13	\$160.94	\$54.69
95541	High Level ER Visits	Digestive system diseases	V	2.89	\$148.60	\$54.69
95553	High Level ER Visits	Kidney, urinary tract and male genital diseases.	V	2.87	\$147.58	\$54.69
95556	High Level ER Visits	Female genital system diseases	V	2.70	\$138.83	\$51.08
95557	High Level ER Visits	Pregnancy and neonatal care	V	2.89	\$148.60	\$54.92
95563	High Level ER Visits	Nervous system diseases	V	2.74	\$140.89	\$52.43
95568	High Level ER Visits	Eye diseases	V	2.33	\$119.81	\$40.23
95572	High Level ER Visits	Trauma and poisoning	V	2.72	\$139.86	\$50.17
95578	High Level ER Visits	Major signs, symptoms and findings	V	6.83	\$351.20	\$148.48

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	⁷ National unadjusted coinsurance	Minimum unadjusted coinsurance
95582	High Level ER Visits	V	3.26	\$167.63	\$64.86	\$33.53
95586	High Level ER Visits	V	3.89	\$200.02	\$81.81	\$40.00
95588	High Level ER Visits	V	3.63	\$186.65	\$68.48	\$37.33
95591	High Level ER Visits	V	3.48	\$178.94	\$62.60	\$35.79
95597	High Level ER Visits	V	2.78	\$142.95	\$53.11	\$28.59
⁴ 95599	High Level ER Visits	V	1.41	\$72.50	\$24.86	\$14.50
956	Continuous ECG and Blood Pressure Monitoring.	X	1.09	\$56.05	\$54.47	\$11.21
957	Echocardiography	S	4.04	\$207.74	\$114.13	\$41.55
958	Diagnostic Cardiac Catheterization	S	23.74	\$1,220.71	\$705.57	\$244.14
960	Cardiac Electrophysiologic Tests/Procedures.	S	4.80	\$246.82	\$143.74	\$49.36
966	Electronic Analysis of Pacemakers/other Devices.	X	0.39	\$20.05	\$12.43	\$4.01
967	Non-Invasive Vascular Studies	X	1.70	\$87.41	\$57.40	\$17.48
968	Vascular Ultrasound	X	2.39	\$122.89	\$79.55	\$24.58
969	Hyperbaric Oxygen	S	2.65	\$136.26	\$141.70	\$27.25
971	Level I Pulmonary Tests	X	0.98	\$50.39	\$26.44	\$10.08
972	Level II Pulmonary Tests	X	1.00	\$51.42	\$29.38	\$10.28
973	Level III Pulmonary Tests	S	1.81	\$93.07	\$55.82	\$18.61
976	Pulmonary Therapy	S	0.44	\$22.62	\$14.69	\$4.53
977	Allergy Tests	X	0.56	\$28.80	\$11.30	\$5.76
978	Allergy Injections	X	0.30	\$15.43	\$3.39	\$3.09
979	Extended EEG Studies and Sleep Studies	S	10.15	\$521.91	\$287.25	\$104.38
980	Electroencephalogram	S	2.15	\$110.55	\$57.86	\$22.11
981	Level I Nerve and Muscle Tests	X	1.22	\$62.73	\$34.35	\$12.55
982	Level II Nerve and Muscle Tests	X	1.37	\$70.45	\$38.42	\$14.09
987	Subcutaneous or Intramuscular Chemotherapy.	S	2.09	\$107.47	\$65.09	\$21.49
988	Chemotherapy except by Extended Infusion.	S	4.02	\$206.71	\$110.29	\$41.34
989	Chemotherapy by Extended Infusion	S	1.91	\$98.21	\$44.52	\$19.64
990	Photochemotherapy	S	0.43	\$22.11	\$8.14	\$4.42
997	Manipulation Therapy	S	0.69	\$35.48	\$7.46	\$7.10
999	Therapeutic Phlebotomy	X	0.43	\$22.11	\$11.07	\$4.42

Notes:¹ Median costs APCs 091, 91191, 91391, 95191 computed together because there is no differences in facility resources.² Median costs APCs 092 and 91591 computed together because there is no differences in facility resources.³ Median costs for all claims in combined visit levels for MDC 11; one rate is paid for multiple levels.⁴ Median costs for all claims in combined visit levels for MDC 99; one rate is paid for multiple levels.⁵ APCs 317 and 921 have anomalous weights. Refer to preamble for discussion.⁶ This APC reflects the per-diem payment for patients receiving services under a partial hospitalization program.⁷ The national unadjusted coinsurance amount is subtracted from the proposed payment rate to determine the amount Medicare pays.

47. On pages 47621 through 47761, Addendum B is corrected to read as follows:

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION

CPT/HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00100	N	Anesth, skin surgery					
00102	N	Anesth, repair of cleft lip					
00103	N	Anesth, blepharoplasty					
00104	N	Anesth for electroshock					
00120	N	Anesthesia for ear surgery					
00124	N	Anesthesia for ear exam					
00126	N	Anesth, tympanotomy					
00140	N	Anesth, procedures on eye					
00142	N	Anesthesia for lens surgery					
00144	N	Anesth, corneal transplant					
00145	N	Anesth, vitrectomy					
00147	N	Anesth, iridectomy					
00148	N	Anesthesia for eye exam					
00160	N	Anesth, nose, sinus surgery					
00162	N	Anesth, nose, sinus surgery					
00164	N	Anesth, biopsy of nose					
00170	N	Anesth, procedure on mouth					
00172	N	Anesth, cleft palate repair					
00174	C	Anesth, pharyngeal surgery					
00176	C	Anesth, pharyngeal surgery					

¹ This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.² This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00190	N	Anesth, facial bone surgery .....	.....	.....	.....	.....	.....
00192	C	Anesth, facial bone surgery .....	.....	.....	.....	.....	.....
00210	N	Anesth, open head surgery .....	.....	.....	.....	.....	.....
00212	N	Anesth, skull drainage .....	.....	.....	.....	.....	.....
00214	C	Anesth, skull drainage .....	.....	.....	.....	.....	.....
00215	C	Anesth, skull fracture .....	.....	.....	.....	.....	.....
00216	N	Anesth, head vessel surgery .....	.....	.....	.....	.....	.....
00218	N	Anesth, special head surgery .....	.....	.....	.....	.....	.....
00220	N	Anesth, spinal fluid shunt .....	.....	.....	.....	.....	.....
00222	N	Anesth, head nerve surgery .....	.....	.....	.....	.....	.....
00300	N	Anesth, skin surgery, neck .....	.....	.....	.....	.....	.....
00320	N	Anesth, neck organ surgery .....	.....	.....	.....	.....	.....
00322	N	Anesth, biopsy of thyroid .....	.....	.....	.....	.....	.....
00350	N	Anesth, neck vessel surgery .....	.....	.....	.....	.....	.....
00352	N	Anesth, neck vessel surgery .....	.....	.....	.....	.....	.....
00400	N	Anesth, chest skin surgery .....	.....	.....	.....	.....	.....
00402	N	Anesth, surgery of breast .....	.....	.....	.....	.....	.....
00404	C	Anesth, surgery of breast .....	.....	.....	.....	.....	.....
00406	C	Anesth, surgery of breast .....	.....	.....	.....	.....	.....
00410	N	Anesth, correct heart rhythm .....	.....	.....	.....	.....	.....
00420	N	Anesth, skin surgery, back .....	.....	.....	.....	.....	.....
00450	N	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
00452	C	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
00454	N	Anesth, collar bone biopsy .....	.....	.....	.....	.....	.....
00470	N	Anesth, removal of rib .....	.....	.....	.....	.....	.....
00472	N	Anesth, chest wall repair .....	.....	.....	.....	.....	.....
00474	C	Anesth, surgery of rib(s) .....	.....	.....	.....	.....	.....
00500	N	Anesth, esophageal surgery .....	.....	.....	.....	.....	.....
00520	N	Anesth, chest procedure .....	.....	.....	.....	.....	.....
00522	N	Anesth, chest lining biopsy .....	.....	.....	.....	.....	.....
00524	C	Anesth, chest drainage .....	.....	.....	.....	.....	.....
00528	N	Anesth, chest partition view .....	.....	.....	.....	.....	.....
00530	C	Anesth, pacemaker insertion .....	.....	.....	.....	.....	.....
00532	N	Anesth, vascular access .....	.....	.....	.....	.....	.....
00534	N	Anesth, cardioverter/defib .....	.....	.....	.....	.....	.....
00540	C	Anesth, chest surgery .....	.....	.....	.....	.....	.....
00542	C	Anesth, release of lung .....	.....	.....	.....	.....	.....
00544	C	Anesth, chest lining removal .....	.....	.....	.....	.....	.....
00546	C	Anesth, lung,chest wall surg .....	.....	.....	.....	.....	.....
00548	N	Anesth, trachea,bronchi surg .....	.....	.....	.....	.....	.....
00560	C	Anesth, open heart surgery .....	.....	.....	.....	.....	.....
00562	C	Anesth, open heart surgery .....	.....	.....	.....	.....	.....
00580	C	Anesth,heart/lung transplant .....	.....	.....	.....	.....	.....
00600	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00604	C	Anesth, surgery of vertebra .....	.....	.....	.....	.....	.....
00620	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00622	C	Anesth, removal of nerves .....	.....	.....	.....	.....	.....
00630	N	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00632	C	Anesth, removal of nerves .....	.....	.....	.....	.....	.....
00634	C	Anesth for chemonucleolysis .....	.....	.....	.....	.....	.....
00670	C	Anesth, spine, cord surgery .....	.....	.....	.....	.....	.....
00700	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00702	N	Anesth, for liver biopsy .....	.....	.....	.....	.....	.....
00730	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00740	N	Anesth, gi visualization .....	.....	.....	.....	.....	.....
00750	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00752	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00754	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00756	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00770	N	Anesth, blood vessel repair .....	.....	.....	.....	.....	.....
00790	N	Anesth, surg upper abdomen .....	.....	.....	.....	.....	.....
00792	C	Anesth, part liver removal .....	.....	.....	.....	.....	.....
00794	C	Anesth, pancreas removal .....	.....	.....	.....	.....	.....
00796	C	Anesth, for liver transplant .....	.....	.....	.....	.....	.....
00800	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00802	C	Anesth, fat layer removal .....	.....	.....	.....	.....	.....
00810	N	Anesth, intestine endoscopy .....	.....	.....	.....	.....	.....
00820	N	Anesth, abdominal wall surg .....	.....	.....	.....	.....	.....
00830	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00832	N	Anesth, repair of hernia .....	.....	.....	.....	.....	.....
00840	N	Anesth, surg lower abdomen .....	.....	.....	.....	.....	.....
00842	N	Anesth, amniocentesis .....	.....	.....	.....	.....	.....
00844	C	Anesth, pelvis surgery
00846	C	Anesth, hysterectomy
00848	C	Anesth, pelvic organ surg

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00850	C	Anesth, cesarean section .....	.....	.....	.....	.....	.....
00855	C	Anesth, hysterectomy .....	.....	.....	.....	.....	.....
00857	C	Analgesia, labor & c-section .....	.....	.....	.....	.....	.....
00860	N	Anesth, surgery of abdomen .....	.....	.....	.....	.....	.....
00862	N	Anesth, kidney, ureter surg .....	.....	.....	.....	.....	.....
00864	C	Anesth, removal of bladder .....	.....	.....	.....	.....	.....
00865	C	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00866	C	Anesth, removal of adrenal .....	.....	.....	.....	.....	.....
00868	C	Anesth, kidney transplant .....	.....	.....	.....	.....	.....
00870	N	Anesth, bladder stone surg .....	.....	.....	.....	.....	.....
00872	N	Anesth,kidney stone destruct .....	.....	.....	.....	.....	.....
00873	N	Anesth,kidney stone destruct .....	.....	.....	.....	.....	.....
00880	N	Anesth, abdomen vessel surg .....	.....	.....	.....	.....	.....
00882	C	Anesth, major vein ligation .....	.....	.....	.....	.....	.....
00884	C	Anesth, major vein revision .....	.....	.....	.....	.....	.....
00900	N	Anesth, perineal procedure .....	.....	.....	.....	.....	.....
00902	N	Anesth, anorectal surgery .....	.....	.....	.....	.....	.....
00904	C	Anesth, perineal surgery .....	.....	.....	.....	.....	.....
00906	N	Anesth, removal of vulva .....	.....	.....	.....	.....	.....
00908	C	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00910	N	Anesth, bladder surgery .....	.....	.....	.....	.....	.....
00912	N	Anesth, bladder tumor surg .....	.....	.....	.....	.....	.....
00914	N	Anesth, removal of prostate .....	.....	.....	.....	.....	.....
00916	N	Anesth, bleeding control .....	.....	.....	.....	.....	.....
00918	N	Anesth, stone removal .....	.....	.....	.....	.....	.....
00920	N	Anesth, genitalia surgery .....	.....	.....	.....	.....	.....
00922	N	Anesth, sperm duct surgery .....	.....	.....	.....	.....	.....
00924	N	Anesth, testis exploration .....	.....	.....	.....	.....	.....
00926	N	Anesth, removal of testis .....	.....	.....	.....	.....	.....
00928	C	Anesth, removal of testis .....	.....	.....	.....	.....	.....
00930	N	Anesth, testis suspension .....	.....	.....	.....	.....	.....
00932	C	Anesth, amputation of penis .....	.....	.....	.....	.....	.....
00934	C	Anesth, penis, nodes removal .....	.....	.....	.....	.....	.....
00936	C	Anesth, penis, nodes removal .....	.....	.....	.....	.....	.....
00938	N	Anesth, insert penis device .....	.....	.....	.....	.....	.....
00940	N	Anesth, vaginal procedures .....	.....	.....	.....	.....	.....
00942	N	Anesth, surgery on vagina .....	.....	.....	.....	.....	.....
00944	C	Anesth, vaginal hysterectomy .....	.....	.....	.....	.....	.....
00946	N	Anesth, vaginal delivery .....	.....	.....	.....	.....	.....
00948	N	Anesth, repair of cervix .....	.....	.....	.....	.....	.....
00950	N	Anesth, vaginal endoscopy .....	.....	.....	.....	.....	.....
00952	N	Anesth, uterine endoscopy .....	.....	.....	.....	.....	.....
00955	C	Analgesia, vaginal delivery .....	.....	.....	.....	.....	.....
01000	N	Anesth, skin surgery, pelvis .....	.....	.....	.....	.....	.....
01110	N	Anesth, skin surgery, pelvis .....	.....	.....	.....	.....	.....
01120	N	Anesth, pelvis surgery .....	.....	.....	.....	.....	.....
01130	N	Anesth, body cast procedure .....	.....	.....	.....	.....	.....
01140	C	Anesth, amputation at pelvis .....	.....	.....	.....	.....	.....
01150	C	Anesth, pelvic tumor surgery .....	.....	.....	.....	.....	.....
01160	N	Anesth, pelvis procedure .....	.....	.....	.....	.....	.....
01170	N	Anesth, pelvis surgery .....	.....	.....	.....	.....	.....
01180	N	Anesth, pelvis nerve removal .....	.....	.....	.....	.....	.....
01190	C	Anesth, pelvis nerve removal .....	.....	.....	.....	.....	.....
01200	N	Anesth, hip joint procedure .....	.....	.....	.....	.....	.....
01202	N	Anesth, arthroscopy of hip .....	.....	.....	.....	.....	.....
01210	N	Anesth, hip joint surgery .....	.....	.....	.....	.....	.....
01212	C	Anesth, hip disarticulation .....	.....	.....	.....	.....	.....
01214	C	Anesth, replacement of hip .....	.....	.....	.....	.....	.....
01220	N	Anesth, procedure on femur .....	.....	.....	.....	.....	.....
01230	N	Anesth, surgery of femur .....	.....	.....	.....	.....	.....
01232	C	Anesth, amputation of femur .....	.....	.....	.....	.....	.....
01234	C	Anesth, radical femur surg .....	.....	.....	.....	.....	.....
01240	N	Anesth, upper leg skin surg .....	.....	.....	.....	.....	.....
01250	N	Anesth, upper leg surgery .....	.....	.....	.....	.....	.....
01260	N	Anesth, upper leg veins surg .....	.....	.....	.....	.....	.....
01270	N	Anesth, thigh arteries surg .....	.....	.....	.....	.....	.....
01272	C	Anesth, femoral artery surg .....	.....	.....	.....	.....	.....
01274	C	Anesth, femoral embolectomy .....	.....	.....	.....	.....	.....
01300	N	Anesth, skin surgery, knee .....	.....	.....	.....	.....	.....
01320	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01340	N	Anesth, knee area procedure .....	.....	.....	.....	.....	.....
01360	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01380	N	Anesth, knee joint procedure
01382	N	Anesth, knee arthroscopy
01390	N	Anesth, knee area procedure

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
01392	N	Anesth, knee area surgery .....	.....	.....	.....	.....	.....
01400	N	Anesth, knee joint surgery .....	.....	.....	.....	.....	.....
01402	C	Anesth, replacement of knee .....	.....	.....	.....	.....	.....
01404	C	Anesth, amputation at knee .....	.....	.....	.....	.....	.....
01420	N	Anesth, knee joint casting .....	.....	.....	.....	.....	.....
01430	N	Anesth, knee veins surgery .....	.....	.....	.....	.....	.....
01432	N	Anesth, knee vessel surg .....	.....	.....	.....	.....	.....
01440	N	Anesth, knee arteries surg .....	.....	.....	.....	.....	.....
01442	C	Anesth, knee artery surg .....	.....	.....	.....	.....	.....
01444	C	Anesth, knee artery repair .....	.....	.....	.....	.....	.....
01460	N	Anesth, lower leg skin surg .....	.....	.....	.....	.....	.....
01462	N	Anesth, lower leg procedure .....	.....	.....	.....	.....	.....
01464	N	Anesth, ankle arthroscopy .....	.....	.....	.....	.....	.....
01470	N	Anesth, lower leg surgery .....	.....	.....	.....	.....	.....
01472	N	Anesth, achilles tendon surg .....	.....	.....	.....	.....	.....
01474	N	Anesth, lower leg surgery .....	.....	.....	.....	.....	.....
01480	N	Anesth, lower leg bone surg .....	.....	.....	.....	.....	.....
01482	N	Anesth, radical leg surgery .....	.....	.....	.....	.....	.....
01484	N	Anesth, lower leg revision .....	.....	.....	.....	.....	.....
01486	C	Anesth, ankle replacement .....	.....	.....	.....	.....	.....
01490	N	Anesth, lower leg casting .....	.....	.....	.....	.....	.....
01500	N	Anesth, leg arteries surg .....	.....	.....	.....	.....	.....
01502	C	Anesth, lowerleg embolectomy .....	.....	.....	.....	.....	.....
01520	N	Anesth, lower leg vein surg .....	.....	.....	.....	.....	.....
01522	N	Anesth, lower leg vein surg .....	.....	.....	.....	.....	.....
01600	N	Anesth, shoulder skin surg .....	.....	.....	.....	.....	.....
01610	N	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01620	N	Anesth, shoulder procedure .....	.....	.....	.....	.....	.....
01622	N	Anesth, shoulder arthroscopy .....	.....	.....	.....	.....	.....
01630	N	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01632	C	Anesth, surgery of shoulder .....	.....	.....	.....	.....	.....
01634	C	Anesth, shoulder joint amput .....	.....	.....	.....	.....	.....
01636	C	Anesth, forequarter amput .....	.....	.....	.....	.....	.....
01638	C	Anesth, shoulder replacement .....	.....	.....	.....	.....	.....
01650	N	Anesth, shoulder artery surg .....	.....	.....	.....	.....	.....
01652	C	Anesth, shoulder vessel surg .....	.....	.....	.....	.....	.....
01654	C	Anesth, shoulder vessel surg .....	.....	.....	.....	.....	.....
01656	C	Anesth, arm-leg vessel surg .....	.....	.....	.....	.....	.....
01670	N	Anesth, shoulder vein surg .....	.....	.....	.....	.....	.....
01680	N	Anesth, shoulder casting .....	.....	.....	.....	.....	.....
01682	N	Anesth, airplane cast .....	.....	.....	.....	.....	.....
01700	N	Anesth, elbow area skin surg .....	.....	.....	.....	.....	.....
01710	N	Anesth, elbow area surgery .....	.....	.....	.....	.....	.....
01712	N	Anesth, upperarm tendon surg .....	.....	.....	.....	.....	.....
01714	N	Anesth, upperarm tendon surg .....	.....	.....	.....	.....	.....
01716	N	Anesth, biceps tendon repair .....	.....	.....	.....	.....	.....
01730	N	Anesth, upperarm procedure .....	.....	.....	.....	.....	.....
01732	N	Anesth, elbow arthroscopy .....	.....	.....	.....	.....	.....
01740	N	Anesth, upper arm surgery .....	.....	.....	.....	.....	.....
01742	N	Anesth, humerus surgery .....	.....	.....	.....	.....	.....
01744	N	Anesth, humerus repair .....	.....	.....	.....	.....	.....
01756	C	Anesth, radical humerus surg .....	.....	.....	.....	.....	.....
01758	N	Anesth, humeral lesion surg .....	.....	.....	.....	.....	.....
01760	N	Anesth, elbow replacement .....	.....	.....	.....	.....	.....
01770	N	Anesth, upperarm artery surg .....	.....	.....	.....	.....	.....
01772	C	Anesth, upperarm embolectomy .....	.....	.....	.....	.....	.....
01780	N	Anesth, upper arm vein surg .....	.....	.....	.....	.....	.....
01782	C	Anesth, upperarm vein repair .....	.....	.....	.....	.....	.....
01784	N	Anesth, av fistula repair .....	.....	.....	.....	.....	.....
01800	N	Anesth, lower arm skin surg .....	.....	.....	.....	.....	.....
01810	N	Anesth, lower arm surgery .....	.....	.....	.....	.....	.....
01820	N	Anesth, lower arm procedure .....	.....	.....	.....	.....	.....
01830	N	Anesth, lower arm surgery .....	.....	.....	.....	.....	.....
01832	N	Anesth, wrist replacement .....	.....	.....	.....	.....	.....
01840	N	Anesth, lowerarm artery surg .....	.....	.....	.....	.....	.....
01842	C	Anesth, lowerarm embolectomy .....	.....	.....	.....	.....	.....
01844	N	Anesth, vascular shunt surg .....	.....	.....	.....	.....	.....
01850	N	Anesth, lower arm vein surg .....	.....	.....	.....	.....	.....
01852	C	Anesth, lowerarm vein repair .....	.....	.....	.....	.....	.....
01860	N	Anesth, lower arm casting .....	.....	.....	.....	.....	.....
01900	N	Anesth, uterus/tube inject .....	.....	.....	.....	.....	.....
01902	C	Anesth, burr holes, skull .....	.....	.....	.....	.....	.....
01904	C	Anesth, skull x-ray inject .....	.....	.....	.....	.....	.....
01906	N	Anesth, lumbar myelography
01908	N	Anesth, cervical myelography

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
01910	N	Anesth, skull myelography					
01912	N	Anesth, lumbar discography					
01914	N	Anesth, cervical discography					
01916	C	Anesth, head arteriogram					
01918	C	Anesth, limb arteriogram					
01920	N	Anesth, catheterize heart					
01921	C	Anesth, vessel surgery					
01922	N	Anesth, cat or MRI scan					
01990	C	Support for organ donor					
01995	N	Regional anesthesia, limb					
01996	N	Manage daily drug therapy					
01999	N	Unlisted anesth procedure					
10040	T	Acne surgery of skin abscess	131	1.93	\$99.24	\$36.61	\$19.85
10060	T	Drainage of skin abscess	131	1.93	\$99.24	\$36.61	\$19.85
10061	T	Drainage of skin abscess	131	1.93	\$99.24	\$36.61	\$19.85
10080	T	Drainage of pilonidal cyst	131	1.93	\$99.24	\$36.61	\$19.85
10081	T	Drainage of pilonidal cyst	131	1.93	\$99.24	\$36.61	\$19.85
10120	T	Remove foreign body	131	1.93	\$99.24	\$36.61	\$19.85
10121	T	Remove foreign body	163	10.48	\$538.88	\$260.80	\$107.78
10140	T	Drainage of hematoma/fluid	131	1.93	\$99.24	\$36.61	\$19.85
10160	T	Puncture drainage of lesion	131	1.93	\$99.24	\$36.61	\$19.85
10180	T	Complex drainage, wound	131	1.93	\$99.24	\$36.61	\$19.85
11000	T	Debride infected skin	151	1.63	\$83.81	\$33.22	\$16.76
11001	T	Debride infect skin add-on	151	1.63	\$83.81	\$33.22	\$16.76
11010	T	Debride skin, fx	163	10.48	\$538.88	\$260.80	\$107.78
11011	T	Debride skin/muscle, fx	163	10.48	\$538.88	\$260.80	\$107.78
11012	T	Debride skin/muscle/bone, fx	163	10.48	\$538.88	\$260.80	\$107.78
11040	T	Debride skin partial	151	1.63	\$83.81	\$33.22	\$16.76
11041	T	Debride skin full	151	1.63	\$83.81	\$33.22	\$16.76
11042	T	Debride skin/tissue	151	1.63	\$83.81	\$33.22	\$16.76
11043	T	Debride tissue/muscle	162	5.59	\$287.44	\$125.66	\$57.49
11044	T	Debride tissue/muscle/bone	162	5.59	\$287.44	\$125.66	\$57.49
211050	T	Trim skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
211051	T	Trim 2 to 4 skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
211052	T	Trim over 4 skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
11055	T	Trim skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11056	T	Trim 2 to 4 skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
11057	T	Trim over 4 skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
11100	T	Biopsy of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11101	T	Biopsy, skin add-on	161	3.43	\$176.37	\$75.71	\$35.27
11200	T	Removal of skin tags	151	1.63	\$83.81	\$33.22	\$16.76
11201	T	Remove skin tags add-on	151	1.63	\$83.81	\$33.22	\$16.76
11300	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11301	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11302	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11303	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11305	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11306	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11307	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11308	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11310	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11311	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11312	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11313	T	Shave skin lesion	151	1.63	\$83.81	\$33.22	\$16.76
11400	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11401	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11402	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11403	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11404	T	Removal of skin lesion	162	5.59	\$287.44	\$125.66	\$57.49
11406	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11420	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11421	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11422	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11423	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11424	T	Removal of skin lesion	162	5.59	\$287.44	\$125.66	\$57.49
11426	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11440	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11441	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11442	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11443	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11444	T	Removal of skin lesion	162	5.59	\$287.44	\$125.66	\$57.49
11446	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11450	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78
11451	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78
11462	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
11463	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78
11470	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78
11471	T	Removal, sweat gland lesion	163	10.48	\$538.88	\$260.80	\$107.78
11600	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11601	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11602	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11603	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11604	T	Removal of skin lesion	162	5.59	\$287.44	\$125.66	\$57.49
11606	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11620	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11621	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11622	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11623	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11624	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11626	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11640	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11641	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11642	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11643	T	Removal of skin lesion	161	3.43	\$176.37	\$75.71	\$35.27
11644	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
11646	T	Removal of skin lesion	163	10.48	\$538.88	\$260.80	\$107.78
211700	T	Scraping of 1-5 nails	137	0.60	\$30.85	\$9.27	\$6.17
211701	T	Scraping of additional nails	137	0.60	\$30.85	\$9.27	\$6.17
211710	T	Scraping of 1-5 nails	137	0.60	\$30.85	\$9.27	\$6.17
211711	T	Scraping of additional nails	137	0.60	\$30.85	\$9.27	\$6.17
11719	T	Trim nail(s)	137	0.60	\$30.85	\$9.27	\$6.17
11720	T	Debride nail, 1-5	137	0.60	\$30.85	\$9.27	\$6.17
11721	T	Debride nail, 6 or more	137	0.60	\$30.85	\$9.27	\$6.17
11730	T	Removal of nail plate	151	1.63	\$83.81	\$33.22	\$16.76
211731	T	Removal of second nail plate	151	1.63	\$83.81	\$33.22	\$16.76
11732	T	Remove additional nail plate	151	1.63	\$83.81	\$33.22	\$16.76
11740	T	Drain blood from under nail	137	0.60	\$30.85	\$9.27	\$6.17
11750	T	Removal of nail bed	161	3.43	\$176.37	\$75.71	\$35.27
11752	T	Remove nail bed/finger tip	163	10.48	\$538.88	\$260.80	\$107.78
11755	T	Biopsy, nail unit	137	0.60	\$30.85	\$9.27	\$6.17
11760	T	Reconstruction of nail bed	181	2.17	\$111.58	\$44.07	\$22.32
11762	T	Reconstruction of nail bed	181	2.17	\$111.58	\$44.07	\$22.32
11765	T	Excision of nail fold, toe	151	1.63	\$83.81	\$33.22	\$16.76
11770	T	Removal of pilonidal lesion	162	5.59	\$287.44	\$125.66	\$57.49
11771	T	Removal of pilonidal lesion	163	10.48	\$538.88	\$260.80	\$107.78
11772	T	Removal of pilonidal lesion	163	10.48	\$538.88	\$260.80	\$107.78
11900	T	Injection into skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
11901	T	Added skin lesions injection	151	1.63	\$83.81	\$33.22	\$16.76
11920	T	Correct skin color defects	181	2.17	\$111.58	\$44.07	\$22.32
11921	T	Correct skin color defects	181	2.17	\$111.58	\$44.07	\$22.32
11922	T	Correct skin color defects	181	2.17	\$111.58	\$44.07	\$22.32
11950	T	Therapy for contour defects	181	2.17	\$111.58	\$44.07	\$22.32
11951	T	Therapy for contour defects	181	2.17	\$111.58	\$44.07	\$22.32
11952	T	Therapy for contour defects	181	2.17	\$111.58	\$44.07	\$22.32
11954	T	Therapy for contour defects	181	2.17	\$111.58	\$44.07	\$22.32
11960	T	Insert tissue expander(s)	183	11.04	\$567.68	\$283.18	\$113.54
11970	T	Replace tissue expander	183	11.04	\$567.68	\$283.18	\$113.54
11971	T	Remove tissue expander(s)	163	10.48	\$538.88	\$260.80	\$107.78
11975	E	Insert contraceptive cap .....	.....	.....	.....	.....	.....
11976	T	Removal of contraceptive cap	131	1.93	\$99.24	\$36.61	\$19.85
11977	E	Removal/reinsert contra cap .....	.....	.....	.....	.....	.....
12001	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12002	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12004	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12005	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12006	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12007	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12011	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12013	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12014	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12015	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12016	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12017	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12018	T	Repair superficial wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12020	T	Closure of split wound	181	2.17	\$111.58	\$44.07	\$22.32
12021	T	Closure of split wound	181	2.17	\$111.58	\$44.07	\$22.32
12031	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12032	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12034	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12035	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
12036	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12037	T	Layer closure of wound(s)	183	11.04	\$567.68	\$283.18	\$113.54
12041	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12042	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12044	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12045	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12046	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12047	T	Layer closure of wound(s)	183	11.04	\$567.68	\$283.18	\$113.54
12051	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12052	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12053	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12054	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12055	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12056	T	Layer closure of wound(s)	181	2.17	\$111.58	\$44.07	\$22.32
12057	T	Layer closure of wound(s)	183	11.04	\$567.68	\$283.18	\$113.54
13100	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13101	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13120	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13121	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13131	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13132	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13150	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13151	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13152	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
13160	T	Late closure of wound	182	4.11	\$211.34	\$92.43	\$42.27
13300	T	Repair of wound or lesion	182	4.11	\$211.34	\$92.43	\$42.27
14000	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14001	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14020	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14021	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14040	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14041	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14060	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14061	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14300	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
14350	T	Skin tissue rearrangement	183	11.04	\$567.68	\$283.18	\$113.54
15000	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15050	T	Skin pinch graft	183	11.04	\$567.68	\$283.18	\$113.54
15100	T	Skin split graft	183	11.04	\$567.68	\$283.18	\$113.54
15101	T	Skin split graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15120	T	Skin split graft	183	11.04	\$567.68	\$283.18	\$113.54
15121	T	Skin split graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15200	T	Skin full graft	183	11.04	\$567.68	\$283.18	\$113.54
15201	T	Skin full graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15220	T	Skin full graft	183	11.04	\$567.68	\$283.18	\$113.54
15221	T	Skin full graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15240	T	Skin full graft	183	11.04	\$567.68	\$283.18	\$113.54
15241	T	Skin full graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15260	T	Skin full graft	183	11.04	\$567.68	\$283.18	\$113.54
15261	T	Skin full graft add-on	183	11.04	\$567.68	\$283.18	\$113.54
15350	T	Skin homograft	183	11.04	\$567.68	\$283.18	\$113.54
15400	T	Skin heterograft	183	11.04	\$567.68	\$283.18	\$113.54
15570	T	Form skin pedicle flap	183	11.04	\$567.68	\$283.18	\$113.54
15572	T	Form skin pedicle flap	183	11.04	\$567.68	\$283.18	\$113.54
15574	T	Form skin pedicle flap	183	11.04	\$567.68	\$283.18	\$113.54
15576	T	Form skin pedicle flap	183	11.04	\$567.68	\$283.18	\$113.54
15580	T	Attach skin pedicle graft	183	11.04	\$567.68	\$283.18	\$113.54
15600	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15610	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15620	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15625	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15630	T	Skin graft	183	11.04	\$567.68	\$283.18	\$113.54
15650	T	Transfer skin pedicle flap	183	11.04	\$567.68	\$283.18	\$113.54
15732	T	Muscle-skin graft, head/neck	184	14.85	\$763.59	\$397.99	\$152.72
15734	T	Muscle-skin graft, trunk	184	14.85	\$763.59	\$397.99	\$152.72
15736	T	Muscle-skin graft, arm	184	14.85	\$763.59	\$397.99	\$152.72
15738	T	Muscle-skin graft, leg	184	14.85	\$763.59	\$397.99	\$152.72
15740	T	Island pedicle flap graft	184	14.85	\$763.59	\$397.99	\$152.72
15750	T	Neurovascular pedicle graft	184	14.85	\$763.59	\$397.99	\$152.72
2 15755	C	Microvascular flap graft					
15756	C	Free muscle flap, microvasc					
15757	C	Free skin flap, microvasc					
15758	C	Free fascial flap, microvasc					
15760	T	Composite skin graft	184	14.85	\$763.59	\$397.99	\$152.72
15770	T	Derma-fat-fascia graft	184	14.85	\$763.59	\$397.99	\$152.72

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
15775	T	Hair transplant punch grafts	183	11.04	\$567.68	\$283.18	\$113.54
15776	T	Hair transplant punch grafts	183	11.04	\$567.68	\$283.18	\$113.54
15780	T	Abrasion treatment of skin	163	10.48	\$538.88	\$260.80	\$107.78
15781	T	Abrasion treatment of skin	163	10.48	\$538.88	\$260.80	\$107.78
15782	T	Abrasion treatment of skin	163	10.48	\$538.88	\$260.80	\$107.78
15783	T	Abrasion treatment of skin	151	1.63	\$83.81	\$33.22	\$16.76
15786	T	Abrasion, lesion, single	151	1.63	\$83.81	\$33.22	\$16.76
15787	T	Abrasion, lesions, add-on	151	1.63	\$83.81	\$33.22	\$16.76
15788	T	Chemical peel, face, epiderm	151	1.63	\$83.81	\$33.22	\$16.76
15789	T	Chemical peel, face, dermal	151	1.63	\$83.81	\$33.22	\$16.76
15792	T	Chemical peel, nonfacial	151	1.63	\$83.81	\$33.22	\$16.76
15793	T	Chemical peel, nonfacial	151	1.63	\$83.81	\$33.22	\$16.76
15810	T	Salabrasion	151	1.63	\$83.81	\$33.22	\$16.76
15811	T	Salabrasion	163	10.48	\$538.88	\$260.80	\$107.78
15819	T	Plastic surgery, neck	183	11.04	\$567.68	\$283.18	\$113.54
15820	T	Revision of lower eyelid	183	11.04	\$567.68	\$283.18	\$113.54
15821	T	Revision of lower eyelid	183	11.04	\$567.68	\$283.18	\$113.54
15822	T	Revision of upper eyelid	183	11.04	\$567.68	\$283.18	\$113.54
15823	T	Revision of upper eyelid	183	11.04	\$567.68	\$283.18	\$113.54
15824	T	Removal of forehead wrinkles	184	14.85	\$763.59	\$397.99	\$152.72
15825	T	Removal of neck wrinkles	183	11.04	\$567.68	\$283.18	\$113.54
15826	T	Removal of brow wrinkles	184	14.85	\$763.59	\$397.99	\$152.72
15828	T	Removal of face wrinkles	184	14.85	\$763.59	\$397.99	\$152.72
15829	T	Removal of skin wrinkles	183	11.04	\$567.68	\$283.18	\$113.54
15831	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15832	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15833	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15834	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15835	T	Excise excessive skin tissue	183	11.04	\$567.68	\$283.18	\$113.54
15836	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15837	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15838	T	Excise excessive skin tissue	163	10.48	\$538.88	\$260.80	\$107.78
15839	T	Excise excessive skin tissue	184	14.85	\$763.59	\$397.99	\$152.72
15840	T	Graft for face nerve palsy	184	14.85	\$763.59	\$397.99	\$152.72
15841	T	Graft for face nerve palsy	184	14.85	\$763.59	\$397.99	\$152.72
15842	T	Graft for face nerve palsy	184	14.85	\$763.59	\$397.99	\$152.72
15845	T	Skin and muscle repair, face	184	14.85	\$763.59	\$397.99	\$152.72
15850	T	Removal of sutures	151	1.63	\$83.81	\$33.22	\$16.76
15851	T	Removal of sutures	151	1.63	\$83.81	\$33.22	\$16.76
15852	T	Dressing change, not for burn	151	1.63	\$83.81	\$33.22	\$16.76
15860	N	Test for blood flow in graft .....	.....	.....	.....	.....	.....
15876	T	Suction assisted lipectomy	184	14.85	\$763.59	\$397.99	\$152.72
15877	T	Suction assisted lipectomy	184	14.85	\$763.59	\$397.99	\$152.72
15878	T	Suction assisted lipectomy	184	14.85	\$763.59	\$397.99	\$152.72
15879	T	Suction assisted lipectomy	184	14.85	\$763.59	\$397.99	\$152.72
15920	T	Removal of tail bone ulcer	163	10.48	\$538.88	\$260.80	\$107.78
15922	T	Removal of tail bone ulcer	184	14.85	\$763.59	\$397.99	\$152.72
15931	T	Remove sacrum pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15933	T	Remove sacrum pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15934	T	Remove sacrum pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15935	T	Remove sacrum pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15936	T	Remove sacrum pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15937	T	Remove sacrum pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15940	T	Removal of pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15941	T	Removal of pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15944	T	Removal of pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15945	T	Removal of pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15946	T	Removal of pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15950	T	Remove thigh pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15951	T	Remove thigh pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
15952	T	Remove thigh pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15953	T	Remove thigh pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15956	T	Remove thigh pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15958	T	Remove thigh pressure sore	184	14.85	\$763.59	\$397.99	\$152.72
15999	T	Removal of pressure sore	163	10.48	\$538.88	\$260.80	\$107.78
16000	T	Initial treatment of burn(s)	151	1.63	\$83.81	\$33.22	\$16.76
16010	T	Treatment of burn(s)	152	10.07	\$517.80	\$251.54	\$103.56
16015	T	Treatment of burn(s)	152	10.07	\$517.80	\$251.54	\$103.56
16020	T	Treatment of burn(s)	151	1.63	\$83.81	\$33.22	\$16.76
16025	T	Treatment of burn(s)	151	1.63	\$83.81	\$33.22	\$16.76
16030	T	Treatment of burn(s)	151	1.63	\$83.81	\$33.22	\$16.76
16035	T	Incision of burn scab	162	5.59	\$287.44	\$125.66	\$57.49
216040	T	Burn wound excision	162	5.59	\$287.44	\$125.66	\$57.49
216041	T	Burn wound excision	162	5.59	\$287.44	\$125.66	\$57.49
216042	T	Burn wound excision	162	5.59	\$287.44	\$125.66	\$57.49

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
17000	T	Destroy benign/premal lesion	141	0.52	\$26.74	\$9.49	\$5.35
217001	T	Destruction of add'l lesions	141	0.52	\$26.74	\$9.49	\$5.35
217002	T	Destruction of add'l lesions	141	0.52	\$26.74	\$9.49	\$5.35
17003	T	Destroy 2-14 lesions	141	0.52	\$26.74	\$9.49	\$5.35
17004	T	Destroy 15 & more lesions	142	2.94	\$151.17	\$54.24	\$30.24
217100	T	Destruction of skin lesion	141	0.52	\$26.74	\$9.49	\$5.35
217101	T	Destruction of 2nd lesion	141	0.52	\$26.74	\$9.49	\$5.35
217102	T	Destruction of add'l lesions	141	0.52	\$26.74	\$9.49	\$5.35
217104	T	Destruction of skin lesions	142	2.94	\$151.17	\$54.24	\$30.24
217105	T	Destruction of skin lesions	142	2.94	\$151.17	\$54.24	\$30.24
17106	T	Destruction of skin lesions	141	0.52	\$26.74	\$9.49	\$5.35
17107	T	Destruction of skin lesions	142	2.94	\$151.17	\$54.24	\$30.24
17108	T	Destruction of skin lesions	142	2.94	\$151.17	\$54.24	\$30.24
17110	T	Destruct lesion, 1-14	141	0.52	\$26.74	\$9.49	\$5.35
17111	T	Destruct lesion, 15 or more	142	2.94	\$151.17	\$54.24	\$30.24
217200	T	Electrocautery of skin tags	151	1.63	\$83.81	\$33.22	\$16.76
217201	T	Electrocautery added lesions	151	1.63	\$83.81	\$33.22	\$16.76
17250	T	Chemical cauter, tissue	151	1.63	\$83.81	\$33.22	\$16.76
17260	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17261	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17262	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17263	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17264	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17266	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17270	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17271	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17272	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17273	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17274	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17276	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17280	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17281	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17282	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17283	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17284	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17286	T	Destruction of skin lesions	151	1.63	\$83.81	\$33.22	\$16.76
17304	T	Chemosurgery of skin lesion	162	5.59	\$287.44	\$125.66	\$57.49
17305	T	2nd stage chemosurgery	162	5.59	\$287.44	\$125.66	\$57.49
17306	T	3rd stage chemosurgery	162	5.59	\$287.44	\$125.66	\$57.49
17307	T	Followup skin lesion therapy	162	5.59	\$287.44	\$125.66	\$57.49
17310	T	Extensive skin chemosurgery	162	5.59	\$287.44	\$125.66	\$57.49
17340	T	Cryotherapy of skin	151	1.63	\$83.81	\$33.22	\$16.76
17360	T	Skin peel therapy	151	1.63	\$83.81	\$33.22	\$16.76
17380	T	Hair removal by electrolysis	151	1.63	\$83.81	\$33.22	\$16.76
17999	T	Skin tissue procedure	121	0.63	\$32.39	\$21.02	\$6.48
19000	T	Drainage of breast lesion	121	0.63	\$32.39	\$21.02	\$6.48
19001	T	Drain breast lesion add-on	121	0.63	\$32.39	\$21.02	\$6.48
19020	T	Incision of breast lesion	132	5.63	\$289.49	\$132.89	\$57.90
19030	T	Injection for breast x-ray	347	2.57	\$132.15	\$62.38	\$26.43
19100	T	Biopsy of breast	122	4.59	\$236.02	\$113.00	\$47.20
19101	T	Biopsy of breast	197	11.94	\$613.95	\$308.26	\$122.79
19110	T	Nipple exploration	197	11.94	\$613.95	\$308.26	\$122.79
19112	T	Excise breast duct fistula	197	11.94	\$613.95	\$308.26	\$122.79
19120	T	Removal of breast lesion	197	11.94	\$613.95	\$308.26	\$122.79
19125	T	Excision, breast lesion	197	11.94	\$613.95	\$308.26	\$122.79
19126	T	Excision,add'l breast lesion	197	11.94	\$613.95	\$308.26	\$122.79
19140	T	Removal of breast tissue	197	11.94	\$613.95	\$308.26	\$122.79
19160	T	Removal of breast tissue	198	18.63	\$957.95	\$523.42	\$191.59
19162	T	Remove breast tissue, nodes	198	18.63	\$957.95	\$523.42	\$191.59
19180	T	Removal of breast	198	18.63	\$957.95	\$523.42	\$191.59
19182	T	Removal of breast	198	18.63	\$957.95	\$523.42	\$191.59
19200	C	Removal of breast					
19220	C	Removal of breast					
19240	C	Removal of breast					
19260	C	Removal of chest wall lesion					
19271	C	Revision of chest wall					
19272	C	Extensive chest wall surgery					
19290	T	Place needle wire, breast	197	11.94	\$613.95	\$308.26	\$122.79
19291	T	Place needle wire, breast	197	11.94	\$613.95	\$308.26	\$122.79
19316	T	Suspension of breast	198	18.63	\$957.95	\$523.42	\$191.59
19318	T	Reduction of large breast	198	18.63	\$957.95	\$523.42	\$191.59
19324	T	Enlarge breast	198	18.63	\$957.95	\$523.42	\$191.59
19325	T	Enlarge breast with implant	198	18.63	\$957.95	\$523.42	\$191.59
19328	T	Removal of breast implant	198	18.63	\$957.95	\$523.42	\$191.59
19330	T	Removal of implant material	198	18.63	\$957.95	\$523.42	\$191.59

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
19340	T	Immediate breast prosthesis	198	18.63	\$957.95	\$523.42	\$191.59
19342	T	Delayed breast prosthesis	198	18.63	\$957.95	\$523.42	\$191.59
19350	T	Breast reconstruction	198	18.63	\$957.95	\$523.42	\$191.59
19355	T	Correct inverted nipple(s)	198	18.63	\$957.95	\$523.42	\$191.59
19357	T	Breast reconstruction	198	18.63	\$957.95	\$523.42	\$191.59
19361	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19364	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19366	T	Breast reconstruction	198	18.63	\$957.95	\$523.42	\$191.59
19367	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19368	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19369	C	Breast reconstruction .....	.....	.....	.....	.....	.....
19370	T	Surgery of breast capsule	198	18.63	\$957.95	\$523.42	\$191.59
19371	T	Removal of breast capsule	198	18.63	\$957.95	\$523.42	\$191.59
19380	T	Revise breast reconstruction	198	18.63	\$957.95	\$523.42	\$191.59
19396	T	Design custom breast implant	197	11.94	\$613.95	\$308.26	\$122.79
19499	T	Breast surgery procedure	197	11.94	\$613.95	\$308.26	\$122.79
20000	T	Incision of abscess	131	1.93	\$99.24	\$36.61	\$19.85
20005	T	Incision of deep abscess	251	13.88	\$713.71	\$365.89	\$142.74
20100	C	Explore wound, neck .....	.....	.....	.....	.....	.....
20101	C	Explore wound, chest .....	.....	.....	.....	.....	.....
20102	C	Explore wound, abdomen .....	.....	.....	.....	.....	.....
20103	C	Explore wound, extremity .....	.....	.....	.....	.....	.....
20150	C	Excise epiphyseal bar .....	.....	.....	.....	.....	.....
20200	T	Muscle biopsy	162	5.59	\$287.44	\$125.66	\$57.49
20205	T	Deep muscle biopsy	162	5.59	\$287.44	\$125.66	\$57.49
20206	T	Needle biopsy, muscle	122	4.59	\$236.02	\$113.00	\$47.20
20220	T	Bone biopsy, trocar/needle	162	5.59	\$287.44	\$125.66	\$57.49
20225	T	Bone biopsy, trocar/needle	162	5.59	\$287.44	\$125.66	\$57.49
20240	T	Bone biopsy, excisional	163	10.48	\$538.88	\$260.80	\$107.78
20245	T	Bone biopsy, excisional	163	10.48	\$538.88	\$260.80	\$107.78
20250	T	Open bone biopsy	251	13.88	\$713.71	\$365.89	\$142.74
20251	T	Open bone biopsy	251	13.88	\$713.71	\$365.89	\$142.74
20500	T	Injection of sinus tract	181	2.17	\$111.58	\$44.07	\$22.32
20501	T	Inject sinus tract for x-ray	347	2.57	\$132.15	\$62.38	\$26.43
20520	T	Removal of foreign body	161	3.43	\$176.37	\$75.71	\$35.27
20525	T	Removal of foreign body	163	10.48	\$538.88	\$260.80	\$107.78
20550	T	Inj tendon/ligament/cyst	200	1.76	\$90.50	\$39.10	\$18.10
20600	T	Drain/inject joint/bursa	200	1.76	\$90.50	\$39.10	\$18.10
20605	T	Drain/inject joint/bursa	200	1.76	\$90.50	\$39.10	\$18.10
20610	T	Drain/inject joint/bursa	200	1.76	\$90.50	\$39.10	\$18.10
20615	T	Treatment of bone cyst	121	0.63	\$32.39	\$21.02	\$6.48
20650	T	Insert and remove bone pin	251	13.88	\$713.71	\$365.89	\$142.74
20660	C	Apply,remove fixation device .....	.....	.....	.....	.....	.....
20661	C	Application of head brace .....	.....	.....	.....	.....	.....
20662	C	Application of pelvis brace .....	.....	.....	.....	.....	.....
20663	C	Application of thigh brace .....	.....	.....	.....	.....	.....
20664	C	Halo brace application .....	.....	.....	.....	.....	.....
20665	N	Removal of fixation device .....	.....	.....	.....	.....	.....
20670	T	Removal of support implant	162	5.59	\$287.44	\$125.66	\$57.49
20680	T	Removal of support implant	163	10.48	\$538.88	\$260.80	\$107.78
20690	T	Apply bone fixation device	252	19.24	\$989.32	\$512.34	\$197.86
20692	T	Apply bone fixation device	252	19.24	\$989.32	\$512.34	\$197.86
20693	T	Adjust bone fixation device	251	13.88	\$713.71	\$365.89	\$142.74
20694	T	Remove bone fixation device	251	13.88	\$713.71	\$365.89	\$142.74
20802	C	Replantation, arm, complete .....	.....	.....	.....	.....	.....
20805	C	Replant forearm, complete .....	.....	.....	.....	.....	.....
20808	C	Replantation, hand, complete .....	.....	.....	.....	.....	.....
20816	C	Replantation digit, complete .....	.....	.....	.....	.....	.....
20822	C	Replantation digit, complete .....	.....	.....	.....	.....	.....
20824	C	Replantation thumb, complete .....	.....	.....	.....	.....	.....
20827	C	Replantation thumb, complete .....	.....	.....	.....	.....	.....
20838	C	Replantation, foot, complete .....	.....	.....	.....	.....	.....
20900	T	Removal of bone for graft	252	19.24	\$989.32	\$512.34	\$197.86
20902	T	Removal of bone for graft	252	19.24	\$989.32	\$512.34	\$197.86
20910	T	Remove cartilage for graft	183	11.04	\$567.68	\$283.18	\$113.54
20912	T	Remove cartilage for graft	183	11.04	\$567.68	\$283.18	\$113.54
20920	T	Removal of fascia for graft	183	11.04	\$567.68	\$283.18	\$113.54
20922	T	Removal of fascia for graft	183	11.04	\$567.68	\$283.18	\$113.54
20924	T	Removal of tendon for graft	252	19.24	\$989.32	\$512.34	\$197.86
20926	T	Removal of tissue for graft	183	11.04	\$567.68	\$283.18	\$113.54
20930	C	Spinal bone allograft .....	.....	.....	.....	.....	.....
20931	C	Spinal bone allograft .....	.....	.....	.....	.....	.....
20936	C	Spinal bone autograft
20937	C	Spinal bone autograft
20938	C	Spinal bone autograft

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
20950	T	Record fluid pressure,muscle	132	5.63	\$289.49	\$132.89	\$57.90
20955	C	Fibula bone graft, microvasc					
20956	C	Iliac bone graft, microvasc					
20957	C	Mt bone graft, microvasc					
20960	C	Microvascular rib graft					
20962	C	Other bone graft, microvasc					
20969	C	Bone/skin graft, microvasc					
20970	C	Bone/skin graft, iliac crest					
20971	C	Bone-skin graft, rib					
20972	C	Bone-skin graft, metatarsal					
20973	C	Bone-skin graft, great toe					
20974	A	Electrical bone stimulation					
20975	T	Electrical bone stimulation	251	13.88	\$713.71	\$365.89	\$142.74
20999	N	Musculoskeletal surgery					
21010	T	Incision of jaw joint	232	23.82	\$1,224.82	\$636.87	\$244.96
21015	T	Resection of facial tumor	231	11.31	\$581.56	\$286.79	\$116.31
21025	T	Excision of bone, lower jaw	231	11.31	\$581.56	\$286.79	\$116.31
21026	T	Excision of facial bone(s)	231	11.31	\$581.56	\$286.79	\$116.31
21029	T	Contour of face bone lesion	231	11.31	\$581.56	\$286.79	\$116.31
21030	T	Removal of face bone lesion	231	11.31	\$581.56	\$286.79	\$116.31
21031	T	Remove exostosis, mandible	231	11.31	\$581.56	\$286.79	\$116.31
21032	T	Remove exostosis, maxilla	231	11.31	\$581.56	\$286.79	\$116.31
21034	T	Removal of face bone lesion	232	23.82	\$1,224.82	\$636.87	\$244.96
21040	T	Removal of jaw bone lesion	231	11.31	\$581.56	\$286.79	\$116.31
21041	T	Removal of jaw bone lesion	231	11.31	\$581.56	\$286.79	\$116.31
21044	T	Removal of jaw bone lesion	232	23.82	\$1,224.82	\$636.87	\$244.96
21045	C	Extensive jaw surgery					
21050	T	Removal of jaw joint	232	23.82	\$1,224.82	\$636.87	\$244.96
21060	T	Remove jaw joint cartilage	232	23.82	\$1,224.82	\$636.87	\$244.96
21070	T	Remove coronoid process	232	23.82	\$1,224.82	\$636.87	\$244.96
21076	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21077	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21079	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21080	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21081	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21082	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21083	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21084	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21085	N	Prepare face/oral prosthesis					
21086	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21087	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21088	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21089	T	Prepare face/oral prosthesis	226	1.56	\$80.22	\$21.92	\$16.04
21100	T	Maxillofacial fixation	231	11.31	\$581.56	\$286.79	\$116.31
21110	T	Interdental fixation	231	11.31	\$581.56	\$286.79	\$116.31
21116	T	Injection, jaw joint x-ray	347	2.57	\$132.15	\$62.38	\$26.43
21120	T	Reconstruction of chin	231	11.31	\$581.56	\$286.79	\$116.31
21121	T	Reconstruction of chin	232	23.82	\$1,224.82	\$636.87	\$244.96
21122	T	Reconstruction of chin	232	23.82	\$1,224.82	\$636.87	\$244.96
21123	T	Reconstruction of chin	232	23.82	\$1,224.82	\$636.87	\$244.96
21125	T	Augmentation lower jaw bone	231	11.31	\$581.56	\$286.79	\$116.31
21127	T	Augmentation lower jaw bone	232	23.82	\$1,224.82	\$636.87	\$244.96
21137	C	Reduction of forehead					
21138	C	Reduction of forehead					
21139	C	Reduction of forehead					
21141	C	Reconstruct midface, lefort					
21142	C	Reconstruct midface, lefort					
21143	C	Reconstruct midface, lefort					
21145	C	Reconstruct midface, lefort					
21146	C	Reconstruct midface, lefort					
21147	C	Reconstruct midface, lefort					
21150	C	Reconstruct midface, lefort					
21151	C	Reconstruct midface, lefort					
21154	C	Reconstruct midface, lefort					
21155	C	Reconstruct midface, lefort					
21159	C	Reconstruct midface, lefort					
21160	C	Reconstruct midface, lefort					
21172	C	Reconstruct orbit/forehead					
21175	C	Reconstruct orbit/forehead					
21179	C	Reconstruct entire forehead					
21180	C	Reconstruct entire forehead					
21181	T	Contour cranial bone lesion	232	23.82	\$1,224.82	\$636.87	\$244.96
21182	C	Reconstruct cranial bone					
21183	C	Reconstruct cranial bone					
21184	C	Reconstruct cranial bone					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
21188	C	Reconstruction of midface					
21193	C	Reconstruct lower jaw bone					
21194	C	Reconstruct lower jaw bone					
21195	C	Reconstruct lower jaw bone					
21196	C	Reconstruct lower jaw bone					
21198	C	Reconstruct lower jaw bone					
21206	T	Reconstruct upper jaw bone	232	23.82	\$1,224.82	\$636.87	\$244.96
21208	T	Augmentation of facial bones	232	23.82	\$1,224.82	\$636.87	\$244.96
21209	T	Reduction of facial bones	232	23.82	\$1,224.82	\$636.87	\$244.96
21210	T	Face bone graft	232	23.82	\$1,224.82	\$636.87	\$244.96
21215	T	Lower jaw bone graft	232	23.82	\$1,224.82	\$636.87	\$244.96
21230	T	Rib cartilage graft	232	23.82	\$1,224.82	\$636.87	\$244.96
21235	T	Ear cartilage graft	232	23.82	\$1,224.82	\$636.87	\$244.96
21240	T	Reconstruction of jaw joint	232	23.82	\$1,224.82	\$636.87	\$244.96
21242	T	Reconstruction of jaw joint	232	23.82	\$1,224.82	\$636.87	\$244.96
21243	T	Reconstruction of jaw joint	218	27.80	\$1,429.48	\$720.71	\$285.90
21244	T	Reconstruction of lower jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21245	T	Reconstruction of jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21246	T	Reconstruction of jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21247	C	Reconstruct lower jaw bone	232	23.82	\$1,224.82	\$636.87	\$244.96
21248	T	Reconstruction of jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21249	T	Reconstruction of jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21255	C	Reconstruct lower jaw bone					
21256	C	Reconstruction of orbit					
21260	T	Revise eye sockets	232	23.82	\$1,224.82	\$636.87	\$244.96
21261	C	Revise eye sockets					
21263	C	Revise eye sockets					
21267	T	Revise eye sockets	232	23.82	\$1,224.82	\$636.87	\$244.96
21268	C	Revise eye sockets					
21270	T	Augmentation cheek bone	232	23.82	\$1,224.82	\$636.87	\$244.96
21275	T	Revision orbitofacial bones	232	23.82	\$1,224.82	\$636.87	\$244.96
21280	T	Revision of eyelid	231	11.31	\$581.56	\$286.79	\$116.31
21282	T	Revision of eyelid	231	11.31	\$581.56	\$286.79	\$116.31
21295	T	Revision of jaw muscle/bone	231	11.31	\$581.56	\$286.79	\$116.31
21296	T	Revision of jaw muscle/bone	231	11.31	\$581.56	\$286.79	\$116.31
21299	T	Cranio/maxillofacial surgery	231	11.31	\$581.56	\$286.79	\$116.31
21300	T	Treatment of skull fracture	231	11.31	\$581.56	\$286.79	\$116.31
21310	T	Treatment of nose fracture	231	11.31	\$581.56	\$286.79	\$116.31
21315	T	Treatment of nose fracture	231	11.31	\$581.56	\$286.79	\$116.31
21320	T	Treatment of nose fracture	231	11.31	\$581.56	\$286.79	\$116.31
21325	T	Repair of nose fracture	231	11.31	\$581.56	\$286.79	\$116.31
21330	T	Repair of nose fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21335	T	Repair of nose fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21336	T	Repair nasal septal fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
21337	T	Repair nasal septal fracture	231	11.31	\$581.56	\$286.79	\$116.31
21338	T	Repair nasoethmoid fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21339	T	Repair nasoethmoid fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21340	T	Repair of nose fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21343	T	Repair of sinus fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21344	C	Repair of sinus fracture					
21345	T	Repair of nose/jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21346	C	Repair of nose/jaw fracture					
21347	C	Repair of nose/jaw fracture					
21348	C	Repair of nose/jaw fracture					
21355	T	Repair cheek bone fracture	231	11.31	\$581.56	\$286.79	\$116.31
21356	C	Repair cheek bone fracture					
21360	C	Repair cheek bone fracture					
21365	C	Repair cheek bone fracture					
21366	C	Repair cheek bone fracture					
21385	C	Repair eye socket fracture					
21386	C	Repair eye socket fracture					
21387	C	Repair eye socket fracture					
21390	C	Repair eye socket fracture					
21395	C	Repair eye socket fracture					
21400	T	Treat eye socket fracture	231	11.31	\$581.56	\$286.79	\$116.31
21401	T	Repair eye socket fracture	231	11.31	\$581.56	\$286.79	\$116.31
21406	C	Repair eye socket fracture					
21407	C	Repair eye socket fracture					
21408	C	Repair eye socket fracture					
21421	T	Treat mouth roof fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21422	C	Repair mouth roof fracture					
21423	C	Repair mouth roof fracture					
21431	C	Treat craniofacial fracture					
21432	C	Repair craniofacial fracture					
21433	C	Repair craniofacial fracture					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
21435	C	Repair craniofacial fracture					
21436	C	Repair craniofacial fracture					
21440	T	Repair dental ridge fracture	231	11.31	\$581.56	\$286.79	\$116.31
21445	T	Repair dental ridge fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21450	T	Treat lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21451	T	Treat lower jaw fracture	231	11.31	\$581.56	\$286.79	\$116.31
21452	T	Treat lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21453	T	Treat lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21454	T	Treat lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21461	T	Repair lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21462	T	Repair lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21465	T	Repair lower jaw fracture	232	23.82	\$1,224.82	\$636.87	\$244.96
21470	C	Repair lower jaw fracture					
21480	T	Reset dislocated jaw	231	11.31	\$581.56	\$286.79	\$116.31
21485	T	Reset dislocated jaw	231	11.31	\$581.56	\$286.79	\$116.31
21490	T	Repair dislocated jaw	232	23.82	\$1,224.82	\$636.87	\$244.96
21493	T	Treat hyoid bone fracture	231	11.31	\$581.56	\$286.79	\$116.31
21494	T	Repair hyoid bone fracture	231	11.31	\$581.56	\$286.79	\$116.31
21495	C	Repair hyoid bone fracture					
21497	T	Interdental wiring	231	11.31	\$581.56	\$286.79	\$116.31
21499	T	Head surgery procedure	231	11.31	\$581.56	\$286.79	\$116.31
21501	T	Drain neck/chest lesion	132	5.63	\$289.49	\$132.89	\$57.90
21502	T	Drain chest lesion	252	19.24	\$989.32	\$512.34	\$197.86
21510	C	Drainage of bone lesion					
21550	T	Biopsy of neck/chest	161	3.43	\$176.37	\$75.71	\$35.27
21555	T	Remove lesion neck/chest	163	10.48	\$538.88	\$260.80	\$107.78
21556	T	Remove lesion neck/chest	163	10.48	\$538.88	\$260.80	\$107.78
21557	C	Remove tumor, neck or chest					
21600	T	Partial removal of rib	252	19.24	\$989.32	\$512.34	\$197.86
21610	T	Partial removal of rib	252	19.24	\$989.32	\$512.34	\$197.86
21615	C	Removal of rib					
21616	C	Removal of rib and nerves					
21620	C	Partial removal of sternum					
21627	C	Sternal debridement					
21630	C	Extensive sternum surgery					
21632	C	Extensive sternum surgery					
21700	T	Revision of neck muscle	132	5.63	\$289.49	\$132.89	\$57.90
21705	C	Revision of neck muscle/rib					
21720	T	Revision of neck muscle	132	5.63	\$289.49	\$132.89	\$57.90
21725	T	Revision of neck muscle	132	5.63	\$289.49	\$132.89	\$57.90
21740	C	Reconstruction of sternum					
21750	C	Repair of sternum separation					
21800	T	Treatment of rib fracture	207	1.70	\$87.41	\$32.32	\$17.48
21805	T	Treatment of rib fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
21810	C	Treatment of rib fracture(s)					
21820	T	Treat sternum fracture	207	1.70	\$87.41	\$32.32	\$17.48
21825	C	Repair sternum fracture					
21899	T	Neck/chest surgery procedure	207	1.70	\$87.41	\$32.32	\$17.48
21920	T	Biopsy soft tissue of back	161	3.43	\$176.37	\$75.71	\$35.27
21925	T	Biopsy soft tissue of back	163	10.48	\$538.88	\$260.80	\$107.78
21930	T	Remove lesion, back or flank	163	10.48	\$538.88	\$260.80	\$107.78
21935	T	Remove tumor of back	163	10.48	\$538.88	\$260.80	\$107.78
22100	C	Remove part of neck vertebra					
22101	C	Remove part, thorax vertebra					
22102	C	Remove part, lumbar vertebra					
22103	C	Remove extra spine segment					
22110	C	Remove part of neck vertebra					
22112	C	Remove part, thorax vertebra					
22114	C	Remove part, lumbar vertebra					
22116	C	Remove extra spine segment					
22210	C	Revision of neck spine					
22212	C	Revision of thorax spine					
22214	C	Revision of lumbar spine					
22216	C	Revise, extra spine segment					
22220	C	Revision of neck spine					
22222	C	Revision of thorax spine					
22224	C	Revision of lumbar spine					
22226	C	Revise, extra spine segment					
22305	T	Treat spine process fracture	207	1.70	\$87.41	\$32.32	\$17.48
22310	T	Treat spine fracture	207	1.70	\$87.41	\$32.32	\$17.48
22315	T	Treat spine fracture	207	1.70	\$87.41	\$32.32	\$17.48
22325	C	Repair of spine fracture					
22326	C	Repair neck spine fracture					
22327	C	Repair thorax spine fracture					
22328	C	Repair each add spine fx					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
22505	T	Manipulation of spine	210	10.06	\$517.29	\$279.34	\$103.46
22548	C	Neck spine fusion					
22554	C	Neck spine fusion					
22556	C	Thorax spine fusion					
22558	C	Lumbar spine fusion					
22585	C	Additional spinal fusion					
22590	C	Spine & skull spinal fusion					
22595	C	Neck spinal fusion					
22600	C	Neck spine fusion					
22610	C	Thorax spine fusion					
22612	C	Lumbar spine fusion					
22614	C	Spine fusion, extra segment					
22630	C	Lumbar spine fusion					
22632	C	Spine fusion, extra segment					
22800	C	Fusion of spine					
22802	C	Fusion of spine					
22804	C	Fusion of spine					
22808	C	Fusion of spine					
22810	C	Fusion of spine					
22812	C	Fusion of spine					
22818	C	Kyphectomy, 1-2 segments					
22819	C	Kyphectomy, 3 & more segment					
22830	C	Exploration of spinal fusion					
22840	C	Insert spine fixation device					
22841	C	Insert spine fixation device					
22842	C	Insert spine fixation device					
22843	C	Insert spine fixation device					
22844	C	Insert spine fixation device					
22845	C	Insert spine fixation device					
22846	C	Insert spine fixation device					
22847	C	Insert spine fixation device					
22848	C	Insert pelvic fixation device					
22849	C	Reinsert spinal fixation					
22850	C	Remove spine fixation device					
22851	C	Apply spine prosthetic device					
22852	C	Remove spine fixation device					
22855	C	Remove spine fixation device					
22899	T	Spine surgery procedure	207	1.70	\$87.41	\$32.32	\$17.48
22900	T	Remove abdominal wall lesion	163	10.48	\$538.88	\$260.80	\$107.78
22999	T	Abdomen surgery procedure	163	10.48	\$538.88	\$260.80	\$107.78
23000	T	Removal of calcium deposits	162	5.59	\$287.44	\$125.66	\$57.49
23020	T	Release shoulder joint	253	25.74	\$1,323.55	\$684.55	\$264.71
23030	T	Drain shoulder lesion	132	5.63	\$289.49	\$132.89	\$57.90
23031	T	Drain shoulder bursa	132	5.63	\$289.49	\$132.89	\$57.90
23035	C	Drain shoulder bone lesion					
23040	T	Exploratory shoulder surgery	252	19.24	\$989.32	\$512.34	\$197.86
23044	T	Exploratory shoulder surgery	252	19.24	\$989.32	\$512.34	\$197.86
23065	T	Biopsy shoulder tissues	161	3.43	\$176.37	\$75.71	\$35.27
23066	T	Biopsy shoulder tissues	163	10.48	\$538.88	\$260.80	\$107.78
23075	T	Removal of shoulder lesion	162	5.59	\$287.44	\$125.66	\$57.49
23076	T	Removal of shoulder lesion	163	10.48	\$538.88	\$260.80	\$107.78
23077	T	Remove tumor of shoulder	163	10.48	\$538.88	\$260.80	\$107.78
23100	T	Biopsy of shoulder joint	251	13.88	\$713.71	\$365.89	\$142.74
23101	T	Shoulder joint surgery	252	19.24	\$989.32	\$512.34	\$197.86
23105	T	Remove shoulder joint lining	252	19.24	\$989.32	\$512.34	\$197.86
23106	T	Incision of collarbone joint	252	19.24	\$989.32	\$512.34	\$197.86
23107	T	Explore,treat shoulder joint	252	19.24	\$989.32	\$512.34	\$197.86
23120	T	Partial removal, collar bone	253	25.74	\$1,323.55	\$684.55	\$264.71
23125	C	Removal of collarbone					
23130	T	Partial removal,shoulderbone	253	25.74	\$1,323.55	\$684.55	\$264.71
23140	T	Removal of bone lesion	251	13.88	\$713.71	\$365.89	\$142.74
23145	T	Removal of bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
23146	T	Removal of bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
23150	T	Removal of humerus lesion	252	19.24	\$989.32	\$512.34	\$197.86
23155	T	Removal of humerus lesion	252	19.24	\$989.32	\$512.34	\$197.86
23156	T	Removal of humerus lesion	252	19.24	\$989.32	\$512.34	\$197.86
23170	T	Remove collarbone lesion	252	19.24	\$989.32	\$512.34	\$197.86
23172	T	Remove shoulder blade lesion	252	19.24	\$989.32	\$512.34	\$197.86
23174	T	Remove humerus lesion	252	19.24	\$989.32	\$512.34	\$197.86
23180	T	Remove collar bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
23182	T	Remove shoulder blade lesion	252	19.24	\$989.32	\$512.34	\$197.86
23184	T	Remove humerus lesion	252	19.24	\$989.32	\$512.34	\$197.86
23190	T	Partial removal of scapula	252	19.24	\$989.32	\$512.34	\$197.86
23195	C	Removal of head of humerus					
23200	C	Removal of collar bone					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
23210	C	Removal of shoulderblade					
23220	C	Partial removal of humerus					
23221	C	Partial removal of humerus					
23222	C	Partial removal of humerus					
23330	T	Remove shoulder foreign body	163	10.48	\$538.88	\$260.80	\$107.78
23331	T	Remove shoulder foreign body	163	10.48	\$538.88	\$260.80	\$107.78
23332	C	Remove shoulder foreign body					
23350	T	Injection for shoulder x-ray	347	2.57	\$132.15	\$62.38	\$26.43
23395	C	Muscle transfer,shoulder/arm					
23397	C	Muscle transfers					
23400	C	Fixation of shoulder blade					
23405	T	Incision of tendon & muscle	252	19.24	\$989.32	\$512.34	\$197.86
23406	T	Incise tendon(s) & muscle(s)	252	19.24	\$989.32	\$512.34	\$197.86
23410	T	Repair of tendon(s)	254	32.70	\$1,681.43	\$922.98	\$336.29
23412	T	Repair of tendon(s)	254	32.70	\$1,681.43	\$922.98	\$336.29
23415	T	Release of shoulder ligament	253	25.74	\$1,323.55	\$684.55	\$264.71
23420	T	Repair of shoulder	254	32.70	\$1,681.43	\$922.98	\$336.29
23430	T	Repair biceps tendon	254	32.70	\$1,681.43	\$922.98	\$336.29
23440	C	Removal/transplant tendon					
23450	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23455	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23460	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23462	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23465	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23466	T	Repair shoulder capsule	254	32.70	\$1,681.43	\$922.98	\$336.29
23470	C	Reconstruct shoulder joint					
23472	C	Reconstruct shoulder joint					
23480	T	Revision of collarbone	253	25.74	\$1,323.55	\$684.55	\$264.71
23485	T	Revision of collar bone	253	25.74	\$1,323.55	\$684.55	\$264.71
23490	T	Reinforce clavicle	253	25.74	\$1,323.55	\$684.55	\$264.71
23491	T	Reinforce shoulder bones	253	25.74	\$1,323.55	\$684.55	\$264.71
23500	T	Treat clavicle fracture	207	1.70	\$87.41	\$32.32	\$17.48
23505	T	Treat clavicle fracture	207	1.70	\$87.41	\$32.32	\$17.48
23515	T	Repair clavicle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23520	T	Treat clavicle dislocation	207	1.70	\$87.41	\$32.32	\$17.48
23525	T	Treat clavicle dislocation	207	1.70	\$87.41	\$32.32	\$17.48
23530	T	Repair clavicle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
23532	T	Repair clavicle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
23540	T	Treat clavicle dislocation	207	1.70	\$87.41	\$32.32	\$17.48
23545	T	Treat clavicle dislocation	207	1.70	\$87.41	\$32.32	\$17.48
23550	T	Repair clavicle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
23552	T	Repair clavicle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
23570	T	Treat shoulderblade fracture	207	1.70	\$87.41	\$32.32	\$17.48
23575	T	Treat shoulderblade fracture	207	1.70	\$87.41	\$32.32	\$17.48
23585	T	Repair scapula fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23600	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
23605	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
23615	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23616	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23620	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
23625	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
23630	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23650	T	Treat shoulder dislocation	207	1.70	\$87.41	\$32.32	\$17.48
23655	T	Treat shoulder dislocation	210	10.06	\$517.29	\$279.34	\$103.46
23660	T	Repair shoulder dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
23665	T	Treat dislocation/fracture	209	1.94	\$99.75	\$37.74	\$19.95
23670	T	Repair dislocation/fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23675	T	Treat dislocation/fracture	209	1.94	\$99.75	\$37.74	\$19.95
23680	T	Repair dislocation/fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
23700	T	Fixation of shoulder	210	10.06	\$517.29	\$279.34	\$103.46
23800	T	Fusion of shoulder joint	253	25.74	\$1,323.55	\$684.55	\$264.71
23802	T	Fusion of shoulder joint	253	25.74	\$1,323.55	\$684.55	\$264.71
23900	C	Amputation of arm & girdle					
23920	C	Amputation at shoulder joint					
23921	T	Amputation follow-up surgery	183	11.04	\$567.68	\$283.18	\$113.54
23929	T	Shoulder surgery procedure	207	1.70	\$87.41	\$32.32	\$17.48
23930	T	Drainage of arm lesion	132	5.63	\$289.49	\$132.89	\$57.90
23931	T	Drainage of arm bursa	132	5.63	\$289.49	\$132.89	\$57.90
23935	T	Drain arm/elbow bone lesion	251	13.88	\$713.71	\$365.89	\$142.74
24000	T	Exploratory elbow surgery	252	19.24	\$989.32	\$512.34	\$197.86
24006	T	Release elbow joint	252	19.24	\$989.32	\$512.34	\$197.86
24065	T	Biopsy arm/elbow soft tissue	161	3.43	\$176.37	\$75.71	\$35.27
24066	T	Biopsy arm/elbow soft tissue	163	10.48	\$538.88	\$260.80	\$107.78
24075	T	Remove arm/elbow lesion	162	5.59	\$287.44	\$125.66	\$57.49
24076	T	Remove arm/elbow lesion	163	10.48	\$538.88	\$260.80	\$107.78

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24077	T	Remove tumor of arm/elbow	163	10.48	\$538.88	\$260.80	\$107.78
24100	T	Biopsy elbow joint lining	251	13.88	\$713.71	\$365.89	\$142.74
24101	T	Explore/treat elbow joint	252	19.24	\$989.32	\$512.34	\$197.86
24102	T	Remove elbow joint lining	252	19.24	\$989.32	\$512.34	\$197.86
24105	T	Removal of elbow bursa	251	13.88	\$713.71	\$365.89	\$142.74
24110	T	Remove humerus lesion	251	13.88	\$713.71	\$365.89	\$142.74
24115	T	Remove/grafft bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24116	T	Remove/grafft bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24120	T	Remove elbow lesion	251	13.88	\$713.71	\$365.89	\$142.74
24125	T	Remove/grafft bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24126	T	Remove/grafft bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24130	T	Removal of head of radius	252	19.24	\$989.32	\$512.34	\$197.86
24134	T	Removal of arm bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24136	T	Remove radius bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24138	T	Remove elbow bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
24140	T	Partial removal of arm bone	252	19.24	\$989.32	\$512.34	\$197.86
24145	T	Partial removal of radius	252	19.24	\$989.32	\$512.34	\$197.86
24147	T	Partial removal of elbow	252	19.24	\$989.32	\$512.34	\$197.86
24149	C	Radical resection of elbow .....	.....	.....	.....	.....	.....
24150	C	Extensive humerus surgery .....	.....	.....	.....	.....	.....
24151	C	Extensive humerus surgery .....	.....	.....	.....	.....	.....
24152	C	Extensive radius surgery .....	.....	.....	.....	.....	.....
24153	C	Extensive radius surgery .....	.....	.....	.....	.....	.....
24155	T	Removal of elbow joint	253	25.74	\$1,323.55	\$684.55	\$264.71
24160	T	Remove elbow joint implant	252	19.24	\$989.32	\$512.34	\$197.86
24164	T	Remove radius head implant	252	19.24	\$989.32	\$512.34	\$197.86
24200	T	Removal of arm foreign body	161	3.43	\$176.37	\$75.71	\$35.27
24201	T	Removal of arm foreign body	163	10.48	\$538.88	\$260.80	\$107.78
24220	T	Injection for elbow x-ray	347	2.57	\$132.15	\$62.38	\$26.43
24301	T	Muscle/tendon transfer	252	19.24	\$989.32	\$512.34	\$197.86
24305	T	Arm tendon lengthening	252	19.24	\$989.32	\$512.34	\$197.86
24310	T	Revision of arm tendon	251	13.88	\$713.71	\$365.89	\$142.74
24320	T	Repair of arm tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
24330	T	Revision of arm muscles	253	25.74	\$1,323.55	\$684.55	\$264.71
24331	T	Revision of arm muscles	253	25.74	\$1,323.55	\$684.55	\$264.71
24340	T	Repair of biceps tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
24341	T	Repair tendon/muscle arm	253	25.74	\$1,323.55	\$684.55	\$264.71
24342	T	Repair of ruptured tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
24350	T	Repair of tennis elbow	252	19.24	\$989.32	\$512.34	\$197.86
24351	T	Repair of tennis elbow	252	19.24	\$989.32	\$512.34	\$197.86
24352	T	Repair of tennis elbow	252	19.24	\$989.32	\$512.34	\$197.86
24354	T	Repair of tennis elbow	252	19.24	\$989.32	\$512.34	\$197.86
24356	T	Revision of tennis elbow	252	19.24	\$989.32	\$512.34	\$197.86
24360	T	Reconstruct elbow joint	217	20.54	\$1,056.17	\$530.42	\$211.23
24361	T	Reconstruct elbow joint	218	27.80	\$1,429.48	\$720.71	\$285.90
24362	T	Reconstruct elbow joint	218	27.80	\$1,429.48	\$720.71	\$285.90
24363	T	Replace elbow joint	218	27.80	\$1,429.48	\$720.71	\$285.90
24365	T	Reconstruct head of radius	217	20.54	\$1,056.17	\$530.42	\$211.23
24366	T	Reconstruct head of radius	218	27.80	\$1,429.48	\$720.71	\$285.90
24400	T	Revision of humerus	252	19.24	\$989.32	\$512.34	\$197.86
24410	T	Revision of humerus	252	19.24	\$989.32	\$512.34	\$197.86
24420	T	Revision of humerus	253	25.74	\$1,323.55	\$684.55	\$264.71
24430	T	Repair of humerus	253	25.74	\$1,323.55	\$684.55	\$264.71
24435	T	Repair humerus with graft	253	25.74	\$1,323.55	\$684.55	\$264.71
24470	T	Revision of elbow joint	253	25.74	\$1,323.55	\$684.55	\$264.71
24495	T	Decompression of forearm	252	19.24	\$989.32	\$512.34	\$197.86
24498	T	Reinforce humerus	253	25.74	\$1,323.55	\$684.55	\$264.71
24500	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24505	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24515	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24516	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24530	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24535	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24538	T	Treat humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24545	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24546	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24560	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24565	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24566	T	Treat humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24575	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24576	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24577	T	Treat humerus fracture	209	1.94	\$99.75	\$37.74	\$19.95
24579	T	Repair humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24582	T	Treat humerus fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24586	T	Repair elbow fracture	216	20.09	\$1,033.03	\$524.09	\$206.61

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24587	T	Repair elbow fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24600	T	Treat elbow dislocation	209	1.94	\$99.75	\$37.74	\$19.95
24605	T	Treat elbow dislocation	210	10.06	\$517.29	\$279.34	\$103.46
24615	T	Repair elbow dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
24620	T	Treat elbow fracture	209	1.94	\$99.75	\$37.74	\$19.95
24635	T	Repair elbow fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24640	T	Treat elbow dislocation	209	1.94	\$99.75	\$37.74	\$19.95
24650	T	Treat radius fracture	209	1.94	\$99.75	\$37.74	\$19.95
24655	T	Treat radius fracture	209	1.94	\$99.75	\$37.74	\$19.95
24665	T	Repair radius fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24666	T	Repair radius fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24670	T	Treatment of ulna fracture	209	1.94	\$99.75	\$37.74	\$19.95
24675	T	Treatment of ulna fracture	209	1.94	\$99.75	\$37.74	\$19.95
24685	T	Repair ulna fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
24800	T	Fusion of elbow joint	253	25.74	\$1,323.55	\$684.55	\$264.71
24802	T	Fusion/graft of elbow joint	253	25.74	\$1,323.55	\$684.55	\$264.71
24900	C	Amputation of upper arm .....	.....	.....	.....	.....	.....
24920	C	Amputation of upper arm .....	.....	.....	.....	.....	.....
24925	T	Amputation follow-up surgery	251	13.88	\$713.71	\$365.89	\$142.74
24930	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
24931	C	Amputate upper arm & implant .....	.....	.....	.....	.....	.....
24935	C	Revision of amputation .....	.....	.....	.....	.....	.....
24940	C	Revision of upper arm .....	.....	.....	.....	.....	.....
24999	T	Upper arm/elbow surgery	209	1.94	\$99.75	\$37.74	\$19.95
25000	T	Incision of tendon sheath	251	13.88	\$713.71	\$365.89	\$142.74
25020	T	Decompression of forearm	251	13.88	\$713.71	\$365.89	\$142.74
25023	T	Decompression of forearm	252	19.24	\$989.32	\$512.34	\$197.86
25028	T	Drainage of forearm lesion	251	13.88	\$713.71	\$365.89	\$142.74
25031	T	Drainage of forearm bursa	251	13.88	\$713.71	\$365.89	\$142.74
25035	T	Treat forearm bone lesion	251	13.88	\$713.71	\$365.89	\$142.74
25040	T	Explore/treat wrist joint	252	19.24	\$989.32	\$512.34	\$197.86
25065	T	Biopsy forearm soft tissues	161	3.43	\$176.37	\$75.71	\$35.27
25066	T	Biopsy forearm soft tissues	163	10.48	\$538.88	\$260.80	\$107.78
25075	T	Removal of forearm lesion	162	5.59	\$287.44	\$125.66	\$57.49
25076	T	Removal of forearm lesion	163	10.48	\$538.88	\$260.80	\$107.78
25077	T	Remove tumor, forearm/wrist	163	10.48	\$538.88	\$260.80	\$107.78
25085	T	Incision of wrist capsule	251	13.88	\$713.71	\$365.89	\$142.74
25100	T	Biopsy of wrist joint	251	13.88	\$713.71	\$365.89	\$142.74
25101	T	Explore/treat wrist joint	252	19.24	\$989.32	\$512.34	\$197.86
25105	T	Remove wrist joint lining	252	19.24	\$989.32	\$512.34	\$197.86
25107	T	Remove wrist joint cartilage	252	19.24	\$989.32	\$512.34	\$197.86
25110	T	Remove wrist tendon lesion	251	13.88	\$713.71	\$365.89	\$142.74
25111	T	Remove wrist tendon lesion	261	10.41	\$535.28	\$259.00	\$107.06
25112	T	Reremove wrist tendon lesion	261	10.41	\$535.28	\$259.00	\$107.06
25115	T	Remove wrist/forearm lesion	251	13.88	\$713.71	\$365.89	\$142.74
25116	T	Remove wrist/forearm lesion	251	13.88	\$713.71	\$365.89	\$142.74
25118	T	Excise wrist tendon sheath	252	19.24	\$989.32	\$512.34	\$197.86
25119	T	Partial removal of ulna	252	19.24	\$989.32	\$512.34	\$197.86
25120	T	Removal of forearm lesion	252	19.24	\$989.32	\$512.34	\$197.86
25125	T	Remove/grafft forearm lesion	252	19.24	\$989.32	\$512.34	\$197.86
25126	T	Remove/grafft forearm lesion	252	19.24	\$989.32	\$512.34	\$197.86
25130	T	Removal of wrist lesion	252	19.24	\$989.32	\$512.34	\$197.86
25135	T	Remove & graft wrist lesion	252	19.24	\$989.32	\$512.34	\$197.86
25136	T	Remove & graft wrist lesion	252	19.24	\$989.32	\$512.34	\$197.86
25145	T	Remove forearm bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
25150	T	Partial removal of ulna	252	19.24	\$989.32	\$512.34	\$197.86
25151	T	Partial removal of radius	252	19.24	\$989.32	\$512.34	\$197.86
25170	C	Extensive forearm surgery .....	.....	.....	.....	.....	.....
25210	T	Removal of wrist bone	262	18.07	\$929.16	\$475.96	\$185.83
25215	T	Removal of wrist bones	262	18.07	\$929.16	\$475.96	\$185.83
25230	T	Partial removal of radius	252	19.24	\$989.32	\$512.34	\$197.86
25240	T	Partial removal of ulna	252	19.24	\$989.32	\$512.34	\$197.86
25246	T	Injection for wrist x-ray	347	2.57	\$132.15	\$62.38	\$26.43
25248	T	Remove forearm foreign body	251	13.88	\$713.71	\$365.89	\$142.74
25250	T	Removal of wrist prosthesis	252	19.24	\$989.32	\$512.34	\$197.86
25251	T	Removal of wrist prosthesis	252	19.24	\$989.32	\$512.34	\$197.86
25260	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25263	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25265	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25270	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25272	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25274	T	Repair forearm tendon/muscle	252	19.24	\$989.32	\$512.34	\$197.86
25280	T	Revise wrist/forearm tendon	252	19.24	\$989.32	\$512.34	\$197.86
25290	T	Incise wrist/forearm tendon	252	19.24	\$989.32	\$512.34	\$197.86
25295	T	Release wrist/forearm tendon	251	13.88	\$713.71	\$365.89	\$142.74

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25300	T	Fusion of tendons at wrist	252	19.24	\$989.32	\$512.34	\$197.86
25301	T	Fusion of tendons at wrist	252	19.24	\$989.32	\$512.34	\$197.86
25310	T	Transplant forearm tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
25312	T	Transplant forearm tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
25315	T	Revise palsy hand tendon(s)	253	25.74	\$1,323.55	\$684.55	\$264.71
25316	T	Revise palsy hand tendon(s)	253	25.74	\$1,323.55	\$684.55	\$264.71
25320	T	Repair/revise wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71
25330	T	Revise wrist joint	217	20.54	\$1,056.17	\$530.42	\$211.23
25331	T	Revise wrist joint	217	20.54	\$1,056.17	\$530.42	\$211.23
25332	T	Revise wrist joint	217	20.54	\$1,056.17	\$530.42	\$211.23
25335	T	Realignment of hand	253	25.74	\$1,323.55	\$684.55	\$264.71
25337	T	Reconstruct ulna/radioulnar	253	25.74	\$1,323.55	\$684.55	\$264.71
25350	T	Revision of radius	253	25.74	\$1,323.55	\$684.55	\$264.71
25355	T	Revision of radius	253	25.74	\$1,323.55	\$684.55	\$264.71
25360	T	Revision of ulna	252	19.24	\$989.32	\$512.34	\$197.86
25365	T	Revise radius & ulna	252	19.24	\$989.32	\$512.34	\$197.86
25370	T	Revise radius or ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25375	T	Revise radius & ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25390	C	Shorten radius/ulna .....	.....	.....	.....	.....	.....
25391	C	Lengthen radius/ulna .....	.....	.....	.....	.....	.....
25392	C	Shorten radius & ulna .....	.....	.....	.....	.....	.....
25393	C	Lengthen radius & ulna .....	.....	.....	.....	.....	.....
25400	T	Repair radius or ulna	252	19.24	\$989.32	\$512.34	\$197.86
25405	C	Repair/grafft radius or ulna .....	.....	.....	.....	.....	.....
25415	T	Repair radius & ulna	252	19.24	\$989.32	\$512.34	\$197.86
25420	C	Repair/grafft radius & ulna .....	.....	.....	.....	.....	.....
25425	T	Repair/grafft radius or ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25426	T	Repair/grafft radius & ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25440	T	Repair/grafft wrist bone	253	25.74	\$1,323.55	\$684.55	\$264.71
25441	T	Reconstruct wrist joint	218	27.80	\$1,429.48	\$720.71	\$285.90
25442	T	Reconstruct wrist joint	218	27.80	\$1,429.48	\$720.71	\$285.90
25443	T	Reconstruct wrist joint	218	27.80	\$1,429.48	\$720.71	\$285.90
25444	T	Reconstruct wrist joint	218	27.80	\$1,429.48	\$720.71	\$285.90
25445	T	Reconstruct wrist joint	218	27.80	\$1,429.48	\$720.71	\$285.90
25446	T	Wrist replacement	218	27.80	\$1,429.48	\$720.71	\$285.90
25447	T	Repair wrist joint(s)	217	20.54	\$1,056.17	\$530.42	\$211.23
25449	T	Remove wrist joint implant	217	20.54	\$1,056.17	\$530.42	\$211.23
25450	T	Revision of wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71
25455	T	Revision of wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71
25490	T	Reinforce radius	253	25.74	\$1,323.55	\$684.55	\$264.71
25491	T	Reinforce ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25492	T	Reinforce radius and ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25500	T	Treat fracture of radius	209	1.94	\$99.75	\$37.74	\$19.95
25505	T	Treat fracture of radius	209	1.94	\$99.75	\$37.74	\$19.95
25515	T	Repair fracture of radius	216	20.09	\$1,033.03	\$524.09	\$206.61
25520	T	Repair fracture of radius	209	1.94	\$99.75	\$37.74	\$19.95
25525	T	Repair fracture of radius	216	20.09	\$1,033.03	\$524.09	\$206.61
25526	T	Repair fracture of radius	216	20.09	\$1,033.03	\$524.09	\$206.61
25530	T	Treat fracture of ulna	209	1.94	\$99.75	\$37.74	\$19.95
25535	T	Treat fracture of ulna	209	1.94	\$99.75	\$37.74	\$19.95
25545	T	Repair fracture of ulna	216	20.09	\$1,033.03	\$524.09	\$206.61
25560	T	Treat fracture radius & ulna	209	1.94	\$99.75	\$37.74	\$19.95
25565	T	Treat fracture radius & ulna	209	1.94	\$99.75	\$37.74	\$19.95
25574	T	Treat fracture radius & ulna	216	20.09	\$1,033.03	\$524.09	\$206.61
25575	T	Repair fracture radius/ulna	216	20.09	\$1,033.03	\$524.09	\$206.61
25600	T	Treat fracture radius/ulna	209	1.94	\$99.75	\$37.74	\$19.95
25605	T	Treat fracture radius/ulna	209	1.94	\$99.75	\$37.74	\$19.95
25611	T	Repair fracture radius/ulna	216	20.09	\$1,033.03	\$524.09	\$206.61
25620	T	Repair fracture radius/ulna	216	20.09	\$1,033.03	\$524.09	\$206.61
25622	T	Treat wrist bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
25624	T	Treat wrist bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
25628	T	Repair wrist bone fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
25630	T	Treat wrist bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
25635	T	Treat wrist bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
25645	T	Repair wrist bone fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
25650	T	Repair wrist bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
25660	T	Treat wrist dislocation	209	1.94	\$99.75	\$37.74	\$19.95
25670	T	Repair wrist dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
25675	T	Treat wrist dislocation	209	1.94	\$99.75	\$37.74	\$19.95
25676	T	Repair wrist dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
25680	T	Treat wrist fracture	209	1.94	\$99.75	\$37.74	\$19.95
25685	T	Repair wrist fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
25690	T	Treat wrist dislocation	209	1.94	\$99.75	\$37.74	\$19.95
25695	T	Repair wrist dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
25800	T	Fusion of wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25805	T	Fusion/graft of wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71
25810	T	Fusion/graft of wrist joint	253	25.74	\$1,323.55	\$684.55	\$264.71
25820	T	Fusion of hand bones	261	10.41	\$535.28	\$259.00	\$107.06
25825	T	Fusion hand bones with graft	262	18.07	\$929.16	\$475.96	\$185.83
25830	T	Fusion radioulnar jnt/ulna	253	25.74	\$1,323.55	\$684.55	\$264.71
25900	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25905	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25907	T	Amputation follow-up surgery	251	13.88	\$713.71	\$365.89	\$142.74
25909	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25915	C	Amputation of forearm .....	.....	.....	.....	.....	.....
25920	C	Amputate hand at wrist .....	.....	.....	.....	.....	.....
25922	T	Amputated hand at wrist	251	13.88	\$713.71	\$365.89	\$142.74
25924	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25927	C	Amputation of hand .....	.....	.....	.....	.....	.....
25929	T	Amputation follow-up surgery	183	11.04	\$567.68	\$283.18	\$113.54
25931	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
25999	T	Forearm or wrist surgery	209	1.94	\$99.75	\$37.74	\$19.95
26010	T	Drainage of finger abscess	131	1.93	\$99.24	\$36.61	\$19.85
26011	T	Drainage of finger abscess	131	1.93	\$99.24	\$36.61	\$19.85
26020	T	Drain hand tendon sheath	261	10.41	\$535.28	\$259.00	\$107.06
26025	T	Drainage of palm bursa	261	10.41	\$535.28	\$259.00	\$107.06
26030	T	Drainage of palm bursa(s)	261	10.41	\$535.28	\$259.00	\$107.06
26034	T	Treat hand bone lesion	261	10.41	\$535.28	\$259.00	\$107.06
26035	T	Decompress fingers/hand	261	10.41	\$535.28	\$259.00	\$107.06
26037	T	Decompress fingers/hand	261	10.41	\$535.28	\$259.00	\$107.06
26040	T	Release palm contracture	262	18.07	\$929.16	\$475.96	\$185.83
26045	T	Release palm contracture	262	18.07	\$929.16	\$475.96	\$185.83
26055	T	Incise finger tendon sheath	261	10.41	\$535.28	\$259.00	\$107.06
26060	T	Incision of finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26070	T	Explore/treat hand joint	261	10.41	\$535.28	\$259.00	\$107.06
26075	T	Explore/treat finger joint	261	10.41	\$535.28	\$259.00	\$107.06
26080	T	Explore/treat finger joint	261	10.41	\$535.28	\$259.00	\$107.06
26100	T	Biopsy hand joint lining	261	10.41	\$535.28	\$259.00	\$107.06
26105	T	Biopsy finger joint lining	261	10.41	\$535.28	\$259.00	\$107.06
26110	T	Biopsy finger joint lining	261	10.41	\$535.28	\$259.00	\$107.06
26115	T	Removal of hand lesion	163	10.48	\$538.88	\$260.80	\$107.78
26116	T	Removal of hand lesion	163	10.48	\$538.88	\$260.80	\$107.78
26117	T	Remove tumor, hand/finger	163	10.48	\$538.88	\$260.80	\$107.78
26121	T	Release palm contracture	262	18.07	\$929.16	\$475.96	\$185.83
26123	T	Release palm contracture	262	18.07	\$929.16	\$475.96	\$185.83
26125	T	Release palm contracture	262	18.07	\$929.16	\$475.96	\$185.83
26130	T	Remove wrist joint lining	261	10.41	\$535.28	\$259.00	\$107.06
26135	T	Revise finger joint, each	262	18.07	\$929.16	\$475.96	\$185.83
26140	T	Revise finger joint, each	261	10.41	\$535.28	\$259.00	\$107.06
26145	T	Tendon excision, palm/finger	261	10.41	\$535.28	\$259.00	\$107.06
26160	T	Remove tendon sheath lesion	261	10.41	\$535.28	\$259.00	\$107.06
26170	T	Removal of palm tendon, each	261	10.41	\$535.28	\$259.00	\$107.06
26180	T	Removal of finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26185	T	Remove finger bone	261	10.41	\$535.28	\$259.00	\$107.06
26200	T	Remove hand bone lesion	261	10.41	\$535.28	\$259.00	\$107.06
26205	T	Remove/grafft bone lesion	262	18.07	\$929.16	\$475.96	\$185.83
26210	T	Removal of finger lesion	261	10.41	\$535.28	\$259.00	\$107.06
26215	T	Remove/grafft finger lesion	261	10.41	\$535.28	\$259.00	\$107.06
26230	T	Partial removal of hand bone	261	10.41	\$535.28	\$259.00	\$107.06
26235	T	Partial removal, finger bone	261	10.41	\$535.28	\$259.00	\$107.06
26236	T	Partial removal, finger bone	261	10.41	\$535.28	\$259.00	\$107.06
26250	T	Extensive hand surgery	261	10.41	\$535.28	\$259.00	\$107.06
26255	T	Extensive hand surgery	262	18.07	\$929.16	\$475.96	\$185.83
26260	T	Extensive finger surgery	261	10.41	\$535.28	\$259.00	\$107.06
26261	T	Extensive finger surgery	261	10.41	\$535.28	\$259.00	\$107.06
26262	T	Partial removal of finger	261	10.41	\$535.28	\$259.00	\$107.06
26320	T	Removal of implant from hand	163	10.48	\$538.88	\$260.80	\$107.78
26350	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26352	T	Repair/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26356	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26357	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26358	T	Repair/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26370	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26372	T	Repair/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26373	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26390	T	Revise hand/finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26392	T	Repair/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26410	T	Repair hand tendon	261	10.41	\$535.28	\$259.00	\$107.06
26412	T	Repair/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26415	T	Excision, hand/finger tendon	262	18.07	\$929.16	\$475.96	\$185.83

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26416	T	Graft hand or finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26418	T	Repair finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26420	T	Repair/grafft finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26426	T	Repair finger/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26428	T	Repair/grafft finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26432	T	Repair finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26433	T	Repair finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26434	T	Repair/grafft finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26437	T	Realignment of tendons	261	10.41	\$535.28	\$259.00	\$107.06
26440	T	Release palm/finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26442	T	Release palm & finger tendon	262	18.07	\$929.16	\$475.96	\$185.83
26445	T	Release hand/finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26449	T	Release forearm/hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26450	T	Incision of palm tendon	261	10.41	\$535.28	\$259.00	\$107.06
26455	T	Incision of finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26460	T	Incise hand/finger tendon	261	10.41	\$535.28	\$259.00	\$107.06
26471	T	Fusion of finger tendons	261	10.41	\$535.28	\$259.00	\$107.06
26474	T	Fusion of finger tendons	261	10.41	\$535.28	\$259.00	\$107.06
26476	T	Tendon lengthening	261	10.41	\$535.28	\$259.00	\$107.06
26477	T	Tendon shortening	261	10.41	\$535.28	\$259.00	\$107.06
26478	T	Lengthening of hand tendon	261	10.41	\$535.28	\$259.00	\$107.06
26479	T	Shortening of hand tendon	261	10.41	\$535.28	\$259.00	\$107.06
26480	T	Transplant hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26483	T	Transplant/grafft hand tendon	262	18.07	\$929.16	\$475.96	\$185.83
26485	T	Transplant palm tendon	262	18.07	\$929.16	\$475.96	\$185.83
26489	T	Transplant/grafft palm tendon	262	18.07	\$929.16	\$475.96	\$185.83
26490	T	Revise thumb tendon	262	18.07	\$929.16	\$475.96	\$185.83
26492	T	Tendon transfer with graft	262	18.07	\$929.16	\$475.96	\$185.83
26494	T	Hand tendon/muscle transfer	262	18.07	\$929.16	\$475.96	\$185.83
26496	T	Revise thumb tendon	262	18.07	\$929.16	\$475.96	\$185.83
26497	T	Finger tendon transfer	262	18.07	\$929.16	\$475.96	\$185.83
26498	T	Finger tendon transfer	262	18.07	\$929.16	\$475.96	\$185.83
26499	T	Revision of finger	262	18.07	\$929.16	\$475.96	\$185.83
26500	T	Hand tendon reconstruction	261	10.41	\$535.28	\$259.00	\$107.06
26502	T	Hand tendon reconstruction	262	18.07	\$929.16	\$475.96	\$185.83
26504	T	Hand tendon reconstruction	262	18.07	\$929.16	\$475.96	\$185.83
26508	T	Release thumb contracture	261	10.41	\$535.28	\$259.00	\$107.06
26510	T	Thumb tendon transfer	262	18.07	\$929.16	\$475.96	\$185.83
26516	T	Fusion of knuckle joint	262	18.07	\$929.16	\$475.96	\$185.83
26517	T	Fusion of knuckle joints	262	18.07	\$929.16	\$475.96	\$185.83
26518	T	Fusion of knuckle joints	262	18.07	\$929.16	\$475.96	\$185.83
26520	T	Release knuckle contracture	261	10.41	\$535.28	\$259.00	\$107.06
26525	T	Release finger contracture	261	10.41	\$535.28	\$259.00	\$107.06
26530	T	Revise knuckle joint	217	20.54	\$1,056.17	\$530.42	\$211.23
26531	T	Revise knuckle with implant	218	27.80	\$1,429.48	\$720.71	\$285.90
26535	T	Revise finger joint	217	20.54	\$1,056.17	\$530.42	\$211.23
26536	T	Revise/implant finger joint	218	27.80	\$1,429.48	\$720.71	\$285.90
26540	T	Repair hand joint	261	10.41	\$535.28	\$259.00	\$107.06
26541	T	Repair hand joint with graft	262	18.07	\$929.16	\$475.96	\$185.83
26542	T	Repair hand joint with graft	261	10.41	\$535.28	\$259.00	\$107.06
26545	T	Reconstruct finger joint	262	18.07	\$929.16	\$475.96	\$185.83
26546	T	Repair non-union hand	262	18.07	\$929.16	\$475.96	\$185.83
26548	T	Reconstruct finger joint	262	18.07	\$929.16	\$475.96	\$185.83
26550	T	Construct thumb replacement	262	18.07	\$929.16	\$475.96	\$185.83
26551	C	Great toe-hand transfer					
26552	C	Construct thumb replacement					
26553	C	Single toe-hand transfer					
26554	C	Double toe-hand transfer					
26555	T	Positional change of finger	262	18.07	\$929.16	\$475.96	\$185.83
26556	C	Toe joint transfer					
26557	C	Construct finger replacement					
26558	C	Added finger surgery					
26559	C	Added finger surgery					
26560	T	Repair of web finger	261	10.41	\$535.28	\$259.00	\$107.06
26561	T	Repair of web finger	262	18.07	\$929.16	\$475.96	\$185.83
26562	T	Repair of web finger	262	18.07	\$929.16	\$475.96	\$185.83
26565	T	Correct metacarpal flaw	262	18.07	\$929.16	\$475.96	\$185.83
26567	T	Correct finger deformity	262	18.07	\$929.16	\$475.96	\$185.83
26568	T	Lengthen metacarpal/finger	262	18.07	\$929.16	\$475.96	\$185.83
26580	T	Repair hand deformity	262	18.07	\$929.16	\$475.96	\$185.83
26585	T	Repair finger deformity	262	18.07	\$929.16	\$475.96	\$185.83
26587	T	Reconstruct extra finger	261	10.41	\$535.28	\$259.00	\$107.06
26590	T	Repair finger deformity	262	18.07	\$929.16	\$475.96	\$185.83
26591	T	Repair muscles of hand	262	18.07	\$929.16	\$475.96	\$185.83
26593	T	Release muscles of hand	261	10.41	\$535.28	\$259.00	\$107.06

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26596	T	Excision constricting tissue	262	18.07	\$929.16	\$475.96	\$185.83
26597	T	Release of scar contracture	262	18.07	\$929.16	\$475.96	\$185.83
26600	T	Treat metacarpal fracture	209	1.94	\$99.75	\$37.74	\$19.95
26605	T	Treat metacarpal fracture	209	1.94	\$99.75	\$37.74	\$19.95
26607	T	Treat metacarpal fracture	209	1.94	\$99.75	\$37.74	\$19.95
26608	T	Treat metacarpal fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
26615	T	Repair metacarpal fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
26641	T	Treat thumb dislocation	209	1.94	\$99.75	\$37.74	\$19.95
26645	T	Treat thumb fracture	209	1.94	\$99.75	\$37.74	\$19.95
26650	T	Repair thumb fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
26665	T	Repair thumb fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
26670	T	Treat hand dislocation	209	1.94	\$99.75	\$37.74	\$19.95
26675	T	Treat hand dislocation	210	10.06	\$517.29	\$279.34	\$103.46
26676	T	Pin hand dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26685	T	Repair hand dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26686	T	Repair hand dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26700	T	Treat knuckle dislocation	207	1.70	\$87.41	\$32.32	\$17.48
26705	T	Treat knuckle dislocation	210	10.06	\$517.29	\$279.34	\$103.46
26706	T	Pin knuckle dislocation	209	1.94	\$99.75	\$37.74	\$19.95
26715	T	Repair knuckle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26720	T	Treat finger fracture, each	207	1.70	\$87.41	\$32.32	\$17.48
26725	T	Treat finger fracture, each	207	1.70	\$87.41	\$32.32	\$17.48
26727	T	Treat finger fracture, each	216	20.09	\$1,033.03	\$524.09	\$206.61
26735	T	Repair finger fracture, each	216	20.09	\$1,033.03	\$524.09	\$206.61
26740	T	Treat finger fracture, each	207	1.70	\$87.41	\$32.32	\$17.48
26742	T	Treat finger fracture, each	209	1.94	\$99.75	\$37.74	\$19.95
26746	T	Repair finger fracture, each	216	20.09	\$1,033.03	\$524.09	\$206.61
26750	T	Treat finger fracture, each	207	1.70	\$87.41	\$32.32	\$17.48
26755	T	Treat finger fracture, each	207	1.70	\$87.41	\$32.32	\$17.48
26756	T	Pin finger fracture, each	216	20.09	\$1,033.03	\$524.09	\$206.61
26765	T	Repair finger fracture, each	216	20.09	\$1,033.03	\$524.09	\$206.61
26770	T	Treat finger dislocation	207	1.70	\$87.41	\$32.32	\$17.48
26775	T	Treat finger dislocation	210	10.06	\$517.29	\$279.34	\$103.46
26776	T	Pin finger dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26785	T	Repair finger dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
26820	T	Thumb fusion with graft	262	18.07	\$929.16	\$475.96	\$185.83
26841	T	Fusion of thumb	262	18.07	\$929.16	\$475.96	\$185.83
26842	T	Thumb fusion with graft	262	18.07	\$929.16	\$475.96	\$185.83
26843	T	Fusion of hand joint	262	18.07	\$929.16	\$475.96	\$185.83
26844	T	Fusion/grafft of hand joint	262	18.07	\$929.16	\$475.96	\$185.83
26850	T	Fusion of knuckle	262	18.07	\$929.16	\$475.96	\$185.83
26852	T	Fusion of knuckle with graft	262	18.07	\$929.16	\$475.96	\$185.83
26860	T	Fusion of finger joint	262	18.07	\$929.16	\$475.96	\$185.83
26861	T	Fusion of finger joint,added	262	18.07	\$929.16	\$475.96	\$185.83
26862	T	Fusion/grafft of finger joint	262	18.07	\$929.16	\$475.96	\$185.83
26863	T	Fuse/grafft added joint	262	18.07	\$929.16	\$475.96	\$185.83
26910	T	Amputate metacarpal bone	262	18.07	\$929.16	\$475.96	\$185.83
26951	T	Amputation of finger/thumb	261	10.41	\$535.28	\$259.00	\$107.06
26952	T	Amputation of finger/thumb	261	10.41	\$535.28	\$259.00	\$107.06
26989	T	Hand/finger surgery	207	1.70	\$87.41	\$32.32	\$17.48
26990	T	Drainage of pelvis lesion	251	13.88	\$713.71	\$365.89	\$142.74
26991	T	Drainage of pelvis bursa	251	13.88	\$713.71	\$365.89	\$142.74
26992	C	Drainage of bone lesion .....	.....	.....	.....	.....	.....
27000	T	Incision of hip tendon	251	13.88	\$713.71	\$365.89	\$142.74
27001	T	Incision of hip tendon	252	19.24	\$989.32	\$512.34	\$197.86
27003	T	Incision of hip tendon	252	19.24	\$989.32	\$512.34	\$197.86
27005	C	Incision of hip tendon .....	.....	.....	.....	.....	.....
27006	C	Incision of hip tendons .....	.....	.....	.....	.....	.....
27025	C	Incision of hip/thigh fascia .....	.....	.....	.....	.....	.....
27030	C	Drainage of hip joint .....	.....	.....	.....	.....	.....
27033	T	Exploration of hip joint	253	25.74	\$1,323.55	\$684.55	\$264.71
27035	C	Denervation of hip joint .....	.....	.....	.....	.....	.....
27036	C	Excision of hip joint/muscle .....	.....	.....	.....	.....	.....
27040	T	Biopsy of soft tissues	162	5.59	\$287.44	\$125.66	\$57.49
27041	T	Biopsy of soft tissues	163	10.48	\$538.88	\$260.80	\$107.78
27047	T	Remove hip/pelvis lesion	163	10.48	\$538.88	\$260.80	\$107.78
27048	T	Remove hip/pelvis lesion	163	10.48	\$538.88	\$260.80	\$107.78
27049	T	Remove tumor, hip/pelvis	163	10.48	\$538.88	\$260.80	\$107.78
27050	T	Biopsy of sacroiliac joint	251	13.88	\$713.71	\$365.89	\$142.74
27052	T	Biopsy of hip joint	251	13.88	\$713.71	\$365.89	\$142.74
27054	C	Removal of hip joint lining .....	.....	.....	.....	.....	.....
27060	T	Removal of ischial bursa	251	13.88	\$713.71	\$365.89	\$142.74
27062	T	Remove femur lesion/bursa	251	13.88	\$713.71	\$365.89	\$142.74
27065	T	Removal of hip bone lesion	251	13.88	\$713.71	\$365.89	\$142.74
27066	T	Removal of hip bone lesion	252	19.24	\$989.32	\$512.34	\$197.86

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27067	T	Remove/graft hip bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
27070	C	Partial removal of hip bone					
27071	C	Partial removal of hip bone					
27075	C	Extensive hip surgery					
27076	C	Extensive hip surgery					
27077	C	Extensive hip surgery					
27078	C	Extensive hip surgery					
27079	C	Extensive hip surgery					
27080	T	Removal of tail bone	252	19.24	\$989.32	\$512.34	\$197.86
27086	T	Remove hip foreign body	251	13.88	\$713.71	\$365.89	\$142.74
27087	T	Remove hip foreign body	251	13.88	\$713.71	\$365.89	\$142.74
27090	C	Removal of hip prosthesis					
27091	C	Removal of hip prosthesis					
27093	T	Injection for hip x-ray	347	2.57	\$132.15	\$62.38	\$26.43
27095	T	Injection for hip x-ray	347	2.57	\$132.15	\$62.38	\$26.43
27097	T	Revision of hip tendon	252	19.24	\$989.32	\$512.34	\$197.86
27098	T	Transfer tendon to pelvis	252	19.24	\$989.32	\$512.34	\$197.86
27100	T	Transfer of abdominal muscle	253	25.74	\$1,323.55	\$684.55	\$264.71
27105	T	Transfer of spinal muscle	253	25.74	\$1,323.55	\$684.55	\$264.71
27110	T	Transfer of iliopsoas muscle	253	25.74	\$1,323.55	\$684.55	\$264.71
27111	T	Transfer of iliopsoas muscle	253	25.74	\$1,323.55	\$684.55	\$264.71
27120	C	Reconstruction of hip socket					
27122	C	Reconstruction of hip socket					
27125	C	Partial hip replacement					
27130	C	Total hip replacement					
27132	C	Total hip replacement					
27134	C	Revise hip joint replacement					
27137	C	Revise hip joint replacement					
27138	C	Revise hip joint replacement					
27140	C	Transplant of femur ridge					
27146	C	Incision of hip bone					
27147	C	Revision of hip bone					
27151	C	Incision of hip bones					
27156	C	Revision of hip bones					
27158	C	Revision of pelvis					
27161	C	Incision of neck of femur					
27165	C	Incision/fixation of femur					
27170	C	Repair/graft femur head/neck					
27175	C	Treat slipped epiphysis					
27176	C	Treat slipped epiphysis					
27177	C	Repair slipped epiphysis					
27178	C	Repair slipped epiphysis					
27179	C	Revise head/neck of femur					
27181	C	Repair slipped epiphysis					
27185	C	Revision of femur epiphysis					
27187	C	Reinforce hip bones					
27193	T	Treat pelvic ring fracture	209	1.94	\$99.75	\$37.74	\$19.95
27194	T	Treat pelvic ring fracture	210	10.06	\$517.29	\$279.34	\$103.46
27200	T	Treat tail bone fracture	207	1.70	\$87.41	\$32.32	\$17.48
27202	T	Repair tail bone fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27215	C	Pelvic fracture(s) treatment					
27216	C	Treat pelvic ring fracture					
27217	C	Treat pelvic ring fracture					
27218	C	Treat pelvic ring fracture					
27220	T	Treat hip socket fracture	209	1.94	\$99.75	\$37.74	\$19.95
27222	C	Treat hip socket fracture					
27226	C	Treat hip wall fracture					
27227	C	Treat hip fracture(s)					
27228	C	Treat hip fracture(s)					
27230	T	Treat fracture of thigh	209	1.94	\$99.75	\$37.74	\$19.95
27232	C	Treat fracture of thigh					
27235	C	Repair of thigh fracture					
27236	C	Repair of thigh fracture					
27238	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27240	C	Treatment of thigh fracture					
27244	C	Repair of thigh fracture					
27245	C	Repair of thigh fracture					
27246	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27248	C	Repair of thigh fracture					
27250	T	Treat hip dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27252	T	Treat hip dislocation	210	10.06	\$517.29	\$279.34	\$103.46
27253	C	Repair of hip dislocation					
27254	C	Repair of hip dislocation					
27256	T	Treatment of hip dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27257	T	Treatment of hip dislocation	210	10.06	\$517.29	\$279.34	\$103.46

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27258	C	Repair of hip dislocation					
27259	C	Repair of hip dislocation					
27265	T	Treatment of hip dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27266	T	Treatment of hip dislocation	217	20.54	\$1,056.17	\$530.42	\$211.23
27275	T	Manipulation of hip joint	210	10.06	\$517.29	\$279.34	\$103.46
27280	C	Fusion of sacroiliac joint					
27282	C	Fusion of pubic bones					
27284	C	Fusion of hip joint					
27286	C	Fusion of hip joint					
27290	C	Amputation of leg at hip					
27295	C	Amputation of leg at hip					
27299	T	Pelvis/hip joint surgery	207	1.70	\$87.41	\$32.32	\$17.48
27301	T	Drain thigh/knee lesion	132	5.63	\$289.49	\$132.89	\$57.90
27303	C	Drainage of bone lesion					
27305	T	Incise thigh tendon & fascia	251	13.88	\$713.71	\$365.89	\$142.74
27306	T	Incision of thigh tendon	251	13.88	\$713.71	\$365.89	\$142.74
27307	T	Incision of thigh tendons	251	13.88	\$713.71	\$365.89	\$142.74
27310	T	Exploration of knee joint	252	19.24	\$989.32	\$512.34	\$197.86
27315	T	Partial removal, thigh nerve	631	12.70	\$653.03	\$329.06	\$130.61
27320	T	Partial removal, thigh nerve	631	12.70	\$653.03	\$329.06	\$130.61
27323	T	Biopsy thigh soft tissues	162	5.59	\$287.44	\$125.66	\$57.49
27324	T	Biopsy thigh soft tissues	163	10.48	\$538.88	\$260.80	\$107.78
27327	T	Removal of thigh lesion	163	10.48	\$538.88	\$260.80	\$107.78
27328	T	Removal of thigh lesion	163	10.48	\$538.88	\$260.80	\$107.78
27329	T	Remove tumor, thigh/knee	163	10.48	\$538.88	\$260.80	\$107.78
27330	T	Biopsy knee joint lining	252	19.24	\$989.32	\$512.34	\$197.86
27331	T	Explore/treat knee joint	252	19.24	\$989.32	\$512.34	\$197.86
27332	T	Removal of knee cartilage	252	19.24	\$989.32	\$512.34	\$197.86
27333	T	Removal of knee cartilage	252	19.24	\$989.32	\$512.34	\$197.86
27334	T	Remove knee joint lining	252	19.24	\$989.32	\$512.34	\$197.86
27335	T	Remove knee joint lining	252	19.24	\$989.32	\$512.34	\$197.86
27340	T	Removal of kneecap bursa	251	13.88	\$713.71	\$365.89	\$142.74
27345	T	Removal of knee cyst	251	13.88	\$713.71	\$365.89	\$142.74
27350	T	Removal of kneecap	252	19.24	\$989.32	\$512.34	\$197.86
27355	T	Remove femur lesion	252	19.24	\$989.32	\$512.34	\$197.86
27356	T	Remove femur lesion/graft	252	19.24	\$989.32	\$512.34	\$197.86
27357	T	Remove femur lesion/graft	252	19.24	\$989.32	\$512.34	\$197.86
27358	T	Remove femur lesion/fixation	252	19.24	\$989.32	\$512.34	\$197.86
27360	T	Partial removal leg bone(s)	252	19.24	\$989.32	\$512.34	\$197.86
27365	C	Extensive leg surgery					
27370	T	Injection for knee x-ray	347	2.57	\$132.15	\$62.38	\$26.43
27372	T	Removal of foreign body	163	10.48	\$538.88	\$260.80	\$107.78
27380	T	Repair of kneecap tendon	251	13.88	\$713.71	\$365.89	\$142.74
27381	T	Repair/grafft kneecap tendon	251	13.88	\$713.71	\$365.89	\$142.74
27385	T	Repair of thigh muscle	251	13.88	\$713.71	\$365.89	\$142.74
27386	T	Repair/grafft of thigh muscle	251	13.88	\$713.71	\$365.89	\$142.74
27390	T	Incision of thigh tendon	251	13.88	\$713.71	\$365.89	\$142.74
27391	T	Incision of thigh tendons	251	13.88	\$713.71	\$365.89	\$142.74
27392	T	Incision of thigh tendons	251	13.88	\$713.71	\$365.89	\$142.74
27393	T	Lengthening of thigh tendon	252	19.24	\$989.32	\$512.34	\$197.86
27394	T	Lengthening of thigh tendons	252	19.24	\$989.32	\$512.34	\$197.86
27395	T	Lengthening of thigh tendons	253	25.74	\$1,323.55	\$684.55	\$264.71
27396	T	Transplant of thigh tendon	252	19.24	\$989.32	\$512.34	\$197.86
27397	T	Transplants of thigh tendons	253	25.74	\$1,323.55	\$684.55	\$264.71
27400	T	Revise thigh muscles/tendons	253	25.74	\$1,323.55	\$684.55	\$264.71
27403	T	Repair of knee cartilage	252	19.24	\$989.32	\$512.34	\$197.86
27405	T	Repair of knee ligament	253	25.74	\$1,323.55	\$684.55	\$264.71
27407	T	Repair of knee ligament	253	25.74	\$1,323.55	\$684.55	\$264.71
27409	T	Repair of knee ligaments	253	25.74	\$1,323.55	\$684.55	\$264.71
27418	T	Repair degenerated kneecap	253	25.74	\$1,323.55	\$684.55	\$264.71
27420	T	Revision of unstable kneecap	253	25.74	\$1,323.55	\$684.55	\$264.71
27422	T	Revision of unstable kneecap	253	25.74	\$1,323.55	\$684.55	\$264.71
27424	T	Revision/removal of kneecap	253	25.74	\$1,323.55	\$684.55	\$264.71
27425	T	Lateral retinacular release	252	19.24	\$989.32	\$512.34	\$197.86
27427	T	Reconstruction, knee	254	32.70	\$1,681.43	\$922.98	\$336.29
27428	T	Reconstruction, knee	254	32.70	\$1,681.43	\$922.98	\$336.29
27429	T	Reconstruction, knee	254	32.70	\$1,681.43	\$922.98	\$336.29
27430	T	Revision of thigh muscles	253	25.74	\$1,323.55	\$684.55	\$264.71
27435	T	Incision of knee joint	253	25.74	\$1,323.55	\$684.55	\$264.71
27437	T	Revise kneecap	217	20.54	\$1,056.17	\$530.42	\$211.23
27438	T	Revise kneecap with implant	218	27.80	\$1,429.48	\$720.71	\$285.90
27440	T	Revision of knee joint	217	20.54	\$1,056.17	\$530.42	\$211.23
27441	T	Revision of knee joint	217	20.54	\$1,056.17	\$530.42	\$211.23
27442	T	Revision of knee joint	217	20.54	\$1,056.17	\$530.42	\$211.23
27443	T	Revision of knee joint	217	20.54	\$1,056.17	\$530.42	\$211.23

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27445	C	Revision of knee joint					
27446	C	Revision of knee joint					
27447	C	Total knee replacement					
27448	C	Incision of thigh					
27450	C	Incision of thigh					
27454	C	Realignment of thigh bone					
27455	C	Realignment of knee					
27457	C	Realignment of knee					
27465	C	Shortening of thigh bone					
27466	C	Lengthening of thigh bone					
27468	C	Shorten/lengthen thighs					
27470	C	Repair of thigh					
27472	C	Repair/grafft of thigh					
27475	C	Surgery to stop leg growth					
27477	C	Surgery to stop leg growth					
27479	C	Surgery to stop leg growth					
27485	C	Surgery to stop leg growth					
27486	C	Revise knee joint replace					
27487	C	Revise knee joint replace					
27488	C	Removal of knee prosthesis					
27495	C	Reinforce thigh					
27496	T	Decompression of thigh/knee	251	13.88	\$713.71	\$365.89	\$142.74
27497	T	Decompression of thigh/knee	251	13.88	\$713.71	\$365.89	\$142.74
27498	T	Decompression of thigh/knee	251	13.88	\$713.71	\$365.89	\$142.74
27499	T	Decompression of thigh/knee	251	13.88	\$713.71	\$365.89	\$142.74
27500	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27501	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27502	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27503	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27506	C	Repair of thigh fracture					
27507	C	Treatment of thigh fracture					
27508	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27509	T	Treatment of thigh fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27510	T	Treatment of thigh fracture	209	1.94	\$99.75	\$37.74	\$19.95
27511	C	Treatment of thigh fracture					
27513	C	Treatment of thigh fracture					
27514	C	Repair of thigh fracture					
27516	T	Repair of thigh growth plate	209	1.94	\$99.75	\$37.74	\$19.95
27517	T	Repair of thigh growth plate	209	1.94	\$99.75	\$37.74	\$19.95
27519	C	Repair of thigh growth plate					
27520	T	Treat kneecap fracture	209	1.94	\$99.75	\$37.74	\$19.95
27524	C	Repair of kneecap fracture					
27530	T	Treatment of knee fracture	209	1.94	\$99.75	\$37.74	\$19.95
27532	T	Treatment of knee fracture	209	1.94	\$99.75	\$37.74	\$19.95
27535	C	Treatment of knee fracture					
27536	C	Repair of knee fracture					
27538	T	Treat knee fracture(s)	209	1.94	\$99.75	\$37.74	\$19.95
27540	C	Repair of knee fracture					
27550	T	Treat knee dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27552	T	Treat knee dislocation	210	10.06	\$517.29	\$279.34	\$103.46
27556	T	Repair of knee dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
27557	C	Repair of knee dislocation					
27558	C	Repair of knee dislocation					
27560	T	Treat kneecap dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27562	T	Treat kneecap dislocation	210	10.06	\$517.29	\$279.34	\$103.46
27566	T	Repair kneecap dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
27570	T	Fixation of knee joint	210	10.06	\$517.29	\$279.34	\$103.46
27580	C	Fusion of knee					
27590	C	Amputate leg at thigh					
27591	C	Amputate leg at thigh					
27592	C	Amputate leg at thigh					
27594	T	Amputation follow-up surgery	251	13.88	\$713.71	\$365.89	\$142.74
27596	C	Amputation follow-up surgery					
27598	C	Amputate lower leg at knee					
27599	T	Leg surgery procedure	209	1.94	\$99.75	\$37.74	\$19.95
27600	T	Decompression of lower leg	251	13.88	\$713.71	\$365.89	\$142.74
27601	T	Decompression of lower leg	251	13.88	\$713.71	\$365.89	\$142.74
27602	T	Decompression of lower leg	251	13.88	\$713.71	\$365.89	\$142.74
27603	T	Drain lower leg lesion	132	5.63	\$289.49	\$132.89	\$57.90
27604	T	Drain lower leg bursa	251	13.88	\$713.71	\$365.89	\$142.74
27605	T	Incision of Achilles tendon	271	14.12	\$726.05	\$365.44	\$145.21
27606	T	Incision of Achilles tendon	251	13.88	\$713.71	\$365.89	\$142.74
27607	T	Treat lower leg bone lesion	251	13.88	\$713.71	\$365.89	\$142.74
27610	T	Explore/treat ankle joint	252	19.24	\$989.32	\$512.34	\$197.86
27612	T	Exploration of ankle joint	252	19.24	\$989.32	\$512.34	\$197.86

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27613	T	Biopsy lower leg soft tissue	161	3.43	\$176.37	\$75.71	\$35.27
27614	T	Biopsy lower leg soft tissue	163	10.48	\$538.88	\$260.80	\$107.78
27615	T	Remove tumor, lower leg	216	20.09	\$1,033.03	\$524.09	\$206.61
27618	T	Remove lower leg lesion	163	10.48	\$538.88	\$260.80	\$107.78
27619	T	Remove lower leg lesion	163	10.48	\$538.88	\$260.80	\$107.78
27620	T	Explore, treat ankle joint	252	19.24	\$989.32	\$512.34	\$197.86
27625	T	Remove ankle joint lining	252	19.24	\$989.32	\$512.34	\$197.86
27626	T	Remove ankle joint lining	252	19.24	\$989.32	\$512.34	\$197.86
27630	T	Removal of tendon lesion	251	13.88	\$713.71	\$365.89	\$142.74
27635	T	Remove lower leg bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
27637	T	Remove/grafft leg bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
27638	T	Remove/grafft leg bone lesion	252	19.24	\$989.32	\$512.34	\$197.86
27640	T	Partial removal of tibia	253	25.74	\$1,323.55	\$684.55	\$264.71
27641	T	Partial removal of fibula	252	19.24	\$989.32	\$512.34	\$197.86
27645	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27646	C	Extensive lower leg surgery .....	.....	.....	.....	.....	.....
27647	T	Extensive ankle/heel surgery	253	25.74	\$1,323.55	\$684.55	\$264.71
27648	T	Injection for ankle x-ray	347	2.57	\$132.15	\$62.38	\$26.43
27650	T	Repair achilles tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27652	T	Repair/grafft achilles tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27654	T	Repair of achilles tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27656	T	Repair leg fascia defect	251	13.88	\$713.71	\$365.89	\$142.74
27658	T	Repair of leg tendon, each	251	13.88	\$713.71	\$365.89	\$142.74
27659	T	Repair of leg tendon, each	251	13.88	\$713.71	\$365.89	\$142.74
27664	T	Repair of leg tendon, each	251	13.88	\$713.71	\$365.89	\$142.74
27665	T	Repair of leg tendon, each	252	19.24	\$989.32	\$512.34	\$197.86
27675	T	Repair lower leg tendons	251	13.88	\$713.71	\$365.89	\$142.74
27676	T	Repair lower leg tendons	252	19.24	\$989.32	\$512.34	\$197.86
27680	T	Release of lower leg tendon	252	19.24	\$989.32	\$512.34	\$197.86
27681	T	Release of lower leg tendons	252	19.24	\$989.32	\$512.34	\$197.86
27685	T	Revision of lower leg tendon	252	19.24	\$989.32	\$512.34	\$197.86
27686	T	Revise lower leg tendons	252	19.24	\$989.32	\$512.34	\$197.86
27687	T	Revision of calf tendon	252	19.24	\$989.32	\$512.34	\$197.86
27690	T	Revise lower leg tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27691	T	Revise lower leg tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27692	T	Revise additional leg tendon	253	25.74	\$1,323.55	\$684.55	\$264.71
27695	T	Repair of ankle ligament	252	19.24	\$989.32	\$512.34	\$197.86
27696	T	Repair of ankle ligaments	252	19.24	\$989.32	\$512.34	\$197.86
27698	T	Repair of ankle ligament	252	19.24	\$989.32	\$512.34	\$197.86
27700	T	Revision of ankle joint	217	20.54	\$1,056.17	\$530.42	\$211.23
27702	C	Reconstruct ankle joint .....	.....	.....	.....	.....	.....
27703	C	Reconstruction, ankle joint .....	.....	.....	.....	.....	.....
27704	T	Removal of ankle implant	251	13.88	\$713.71	\$365.89	\$142.74
27705	T	Incision of tibia	253	25.74	\$1,323.55	\$684.55	\$264.71
27707	T	Incision of fibula	251	13.88	\$713.71	\$365.89	\$142.74
27709	T	Incision of tibia & fibula	252	19.24	\$989.32	\$512.34	\$197.86
27712	C	Realignment of lower leg .....	.....	.....	.....	.....	.....
27715	C	Revision of lower leg .....	.....	.....	.....	.....	.....
27720	C	Repair of tibia .....	.....	.....	.....	.....	.....
27722	C	Repair/grafft of tibia .....	.....	.....	.....	.....	.....
27724	C	Repair/grafft of tibia .....	.....	.....	.....	.....	.....
27725	C	Repair of lower leg .....	.....	.....	.....	.....	.....
27727	C	Repair of lower leg .....	.....	.....	.....	.....	.....
27730	T	Repair of tibia epiphysis	252	19.24	\$989.32	\$512.34	\$197.86
27732	T	Repair of fibula epiphysis	252	19.24	\$989.32	\$512.34	\$197.86
27734	T	Repair lower leg epiphyses	252	19.24	\$989.32	\$512.34	\$197.86
27740	T	Repair of leg epiphyses	252	19.24	\$989.32	\$512.34	\$197.86
27742	T	Repair of leg epiphyses	253	25.74	\$1,323.55	\$684.55	\$264.71
27745	T	Reinforce tibia	253	25.74	\$1,323.55	\$684.55	\$264.71
27750	T	Treatment of tibia fracture	209	1.94	\$99.75	\$37.74	\$19.95
27752	T	Treatment of tibia fracture	209	1.94	\$99.75	\$37.74	\$19.95
27756	T	Repair of tibia fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27758	T	Repair of tibia fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27759	T	Repair of tibia fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27760	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27762	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27766	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27780	T	Treatment of fibula fracture	209	1.94	\$99.75	\$37.74	\$19.95
27781	T	Treatment of fibula fracture	209	1.94	\$99.75	\$37.74	\$19.95
27784	T	Repair of fibula fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27786	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27788	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27792	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27808	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27810	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27814	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27816	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27818	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
27822	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27823	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27824	T	Treat lower leg fracture	209	1.94	\$99.75	\$37.74	\$19.95
27825	T	Treat lower leg fracture	209	1.94	\$99.75	\$37.74	\$19.95
27826	T	Treat lower leg fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27827	T	Treat lower leg fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27828	T	Treat lower leg fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
27829	T	Treat lower leg joint	216	20.09	\$1,033.03	\$524.09	\$206.61
27830	T	Treat lower leg dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27831	T	Treat lower leg dislocation	210	10.06	\$517.29	\$279.34	\$103.46
27832	T	Repair lower leg dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
27840	T	Treat ankle dislocation	209	1.94	\$99.75	\$37.74	\$19.95
27842	T	Treat ankle dislocation	210	10.06	\$517.29	\$279.34	\$103.46
27846	T	Repair ankle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
27848	T	Repair ankle dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
27860	T	Fixation of ankle joint	210	10.06	\$517.29	\$279.34	\$103.46
27870	T	Fusion of ankle joint	253	25.74	\$1,323.55	\$684.55	\$264.71
27871	T	Fusion of tibiofibular joint	253	25.74	\$1,323.55	\$684.55	\$264.71
27880	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27881	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27882	C	Amputation of lower leg .....	.....	.....	.....	.....	.....
27884	T	Amputation follow-up surgery	251	13.88	\$713.71	\$365.89	\$142.74
27886	C	Amputation follow-up surgery .....	.....	.....	.....	.....	.....
27888	C	Amputation of foot at ankle .....	.....	.....	.....	.....	.....
27889	T	Amputation of foot at ankle	252	19.24	\$989.32	\$512.34	\$197.86
27892	T	Decompression of leg	251	13.88	\$713.71	\$365.89	\$142.74
27893	T	Decompression of leg	251	13.88	\$713.71	\$365.89	\$142.74
27894	T	Decompression of leg	251	13.88	\$713.71	\$365.89	\$142.74
27899	T	Leg/ankle surgery procedure	209	1.94	\$99.75	\$37.74	\$19.95
28001	T	Drainage of bursa of foot	132	5.63	\$289.49	\$132.89	\$57.90
28002	T	Treatment of foot infection	251	13.88	\$713.71	\$365.89	\$142.74
28003	T	Treatment of foot infection	251	13.88	\$713.71	\$365.89	\$142.74
28005	T	Treat foot bone lesion	271	14.12	\$726.05	\$365.44	\$145.21
28008	T	Incision of foot fascia	271	14.12	\$726.05	\$365.44	\$145.21
28010	T	Incision of toe tendon	271	14.12	\$726.05	\$365.44	\$145.21
28011	T	Incision of toe tendons	271	14.12	\$726.05	\$365.44	\$145.21
28020	T	Exploration of a foot joint	271	14.12	\$726.05	\$365.44	\$145.21
28022	T	Exploration of a foot joint	271	14.12	\$726.05	\$365.44	\$145.21
28024	T	Exploration of a toe joint	271	14.12	\$726.05	\$365.44	\$145.21
28030	T	Removal of foot nerve	631	12.70	\$653.03	\$329.06	\$130.61
28035	T	Decompression of tibia nerve	631	12.70	\$653.03	\$329.06	\$130.61
28043	T	Excision of foot lesion	162	5.59	\$287.44	\$125.66	\$57.49
28045	T	Excision of foot lesion	271	14.12	\$726.05	\$365.44	\$145.21
28046	T	Resection of tumor, foot	271	14.12	\$726.05	\$365.44	\$145.21
28050	T	Biopsy of foot joint lining	271	14.12	\$726.05	\$365.44	\$145.21
28052	T	Biopsy of foot joint lining	271	14.12	\$726.05	\$365.44	\$145.21
28054	T	Biopsy of toe joint lining	271	14.12	\$726.05	\$365.44	\$145.21
28060	T	Partial removal foot fascia	272	16.11	\$828.38	\$411.09	\$165.68
28062	T	Removal of foot fascia	272	16.11	\$828.38	\$411.09	\$165.68
28070	T	Removal of foot joint lining	272	16.11	\$828.38	\$411.09	\$165.68
28072	T	Removal of foot joint lining	272	16.11	\$828.38	\$411.09	\$165.68
28080	T	Removal of foot lesion	271	14.12	\$726.05	\$365.44	\$145.21
28086	T	Excise foot tendon sheath	271	14.12	\$726.05	\$365.44	\$145.21
28088	T	Excise foot tendon sheath	271	14.12	\$726.05	\$365.44	\$145.21
28090	T	Removal of foot lesion	271	14.12	\$726.05	\$365.44	\$145.21
28092	T	Removal of toe lesions	271	14.12	\$726.05	\$365.44	\$145.21
28100	T	Removal of ankle/heel lesion	271	14.12	\$726.05	\$365.44	\$145.21
28102	T	Remove/graft foot lesion	272	16.11	\$828.38	\$411.09	\$165.68
28103	T	Remove/graft foot lesion	272	16.11	\$828.38	\$411.09	\$165.68
28104	T	Removal of foot lesion	271	14.12	\$726.05	\$365.44	\$145.21
28106	T	Remove/graft foot lesion	272	16.11	\$828.38	\$411.09	\$165.68
28107	T	Remove/graft foot lesion	272	16.11	\$828.38	\$411.09	\$165.68
28108	T	Removal of toe lesions	271	14.12	\$726.05	\$365.44	\$145.21
28110	T	Part removal of metatarsal	276	19.00	\$976.98	\$495.39	\$195.40
28111	T	Part removal of metatarsal	271	14.12	\$726.05	\$365.44	\$145.21
28112	T	Part removal of metatarsal	271	14.12	\$726.05	\$365.44	\$145.21
28113	T	Part removal of metatarsal	271	14.12	\$726.05	\$365.44	\$145.21
28114	T	Removal of metatarsal heads	271	14.12	\$726.05	\$365.44	\$145.21
28116	T	Revision of foot	271	14.12	\$726.05	\$365.44	\$145.21
28118	T	Removal of heel bone	271	14.12	\$726.05	\$365.44	\$145.21
28119	T	Removal of heel spur	271	14.12	\$726.05	\$365.44	\$145.21
28120	T	Part removal of ankle/heel	271	14.12	\$726.05	\$365.44	\$145.21

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28122	T	Partial removal of foot bone	271	14.12	\$726.05	\$365.44	\$145.21
28124	T	Partial removal of toe	271	14.12	\$726.05	\$365.44	\$145.21
28126	T	Partial removal of toe	271	14.12	\$726.05	\$365.44	\$145.21
28130	T	Removal of ankle bone	271	14.12	\$726.05	\$365.44	\$145.21
28140	T	Removal of metatarsal	271	14.12	\$726.05	\$365.44	\$145.21
28150	T	Removal of toe	271	14.12	\$726.05	\$365.44	\$145.21
28153	T	Partial removal of toe	271	14.12	\$726.05	\$365.44	\$145.21
28160	T	Partial removal of toe	271	14.12	\$726.05	\$365.44	\$145.21
28171	T	Extensive foot surgery	271	14.12	\$726.05	\$365.44	\$145.21
28173	T	Extensive foot surgery	271	14.12	\$726.05	\$365.44	\$145.21
28175	T	Extensive foot surgery	271	14.12	\$726.05	\$365.44	\$145.21
28190	T	Removal of foot foreign body	161	3.43	\$176.37	\$75.71	\$35.27
28192	T	Removal of foot foreign body	163	10.48	\$538.88	\$260.80	\$107.78
28193	T	Removal of foot foreign body	163	10.48	\$538.88	\$260.80	\$107.78
28200	T	Repair of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28202	T	Repair/grafft of foot tendon	272	16.11	\$828.38	\$411.09	\$165.68
28208	T	Repair of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28210	T	Repair/grafft of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28220	T	Release of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28222	T	Release of foot tendons	271	14.12	\$726.05	\$365.44	\$145.21
28225	T	Release of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28226	T	Release of foot tendons	271	14.12	\$726.05	\$365.44	\$145.21
28230	T	Incision of foot tendon(s)	271	14.12	\$726.05	\$365.44	\$145.21
28232	T	Incision of toe tendon	271	14.12	\$726.05	\$365.44	\$145.21
28234	T	Incision of foot tendon	271	14.12	\$726.05	\$365.44	\$145.21
28238	T	Revision of foot tendon	272	16.11	\$828.38	\$411.09	\$165.68
28240	T	Release of big toe	271	14.12	\$726.05	\$365.44	\$145.21
28250	T	Revision of foot fascia	272	16.11	\$828.38	\$411.09	\$165.68
28260	T	Release of midfoot joint	272	16.11	\$828.38	\$411.09	\$165.68
28261	T	Revision of foot tendon	272	16.11	\$828.38	\$411.09	\$165.68
28262	T	Revision of foot and ankle	272	16.11	\$828.38	\$411.09	\$165.68
28264	T	Release of midfoot joint	272	16.11	\$828.38	\$411.09	\$165.68
28270	T	Release of foot contracture	271	14.12	\$726.05	\$365.44	\$145.21
28272	T	Release of toe joint, each	271	14.12	\$726.05	\$365.44	\$145.21
28280	T	Fusion of toes	271	14.12	\$726.05	\$365.44	\$145.21
28285	T	Repair of hammertoe	271	14.12	\$726.05	\$365.44	\$145.21
28286	T	Repair of hammertoe	271	14.12	\$726.05	\$365.44	\$145.21
28288	T	Partial removal of foot bone	272	16.11	\$828.38	\$411.09	\$165.68
28290	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28292	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28293	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28294	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28296	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28297	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28298	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28299	T	Correction of bunion	276	19.00	\$976.98	\$495.39	\$195.40
28300	T	Incision of heel bone	272	16.11	\$828.38	\$411.09	\$165.68
28302	T	Incision of ankle bone	272	16.11	\$828.38	\$411.09	\$165.68
28304	T	Incision of midfoot bones	272	16.11	\$828.38	\$411.09	\$165.68
28305	T	Incise/grafft midfoot bones	272	16.11	\$828.38	\$411.09	\$165.68
28306	T	Incision of metatarsal	272	16.11	\$828.38	\$411.09	\$165.68
28307	T	Incision of metatarsal	272	16.11	\$828.38	\$411.09	\$165.68
28308	T	Incision of metatarsal	272	16.11	\$828.38	\$411.09	\$165.68
28309	T	Incision of metatarsals	272	16.11	\$828.38	\$411.09	\$165.68
28310	T	Revision of big toe	271	14.12	\$726.05	\$365.44	\$145.21
28312	T	Revision of toe	271	14.12	\$726.05	\$365.44	\$145.21
28313	T	Repair deformity of toe	271	14.12	\$726.05	\$365.44	\$145.21
28315	T	Removal of sesamoid bone	271	14.12	\$726.05	\$365.44	\$145.21
28320	T	Repair of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28322	T	Repair of metatarsals	272	16.11	\$828.38	\$411.09	\$165.68
28340	T	Resect enlarged toe tissue	271	14.12	\$726.05	\$365.44	\$145.21
28341	T	Resect enlarged toe	271	14.12	\$726.05	\$365.44	\$145.21
28344	T	Repair extra toe(s)	272	16.11	\$828.38	\$411.09	\$165.68
28345	T	Repair webbed toe(s)	272	16.11	\$828.38	\$411.09	\$165.68
28360	T	Reconstruct cleft foot	272	16.11	\$828.38	\$411.09	\$165.68
28400	T	Treatment of heel fracture	209	1.94	\$99.75	\$37.74	\$19.95
28405	T	Treatment of heel fracture	209	1.94	\$99.75	\$37.74	\$19.95
28406	T	Treatment of heel fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28415	T	Repair of heel fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28420	T	Repair/grafft heel fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28430	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
28435	T	Treatment of ankle fracture	209	1.94	\$99.75	\$37.74	\$19.95
28436	T	Treatment of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28445	T	Repair of ankle fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28450	T	Treat midfoot fracture, each	209	1.94	\$99.75	\$37.74	\$19.95

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28455	T	Treat midfoot fracture, each	209	1.94	\$99.75	\$37.74	\$19.95
28456	T	Repair midfoot fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28465	T	Repair midfoot fracture,each	216	20.09	\$1,033.03	\$524.09	\$206.61
28470	T	Treat metatarsal fracture	209	1.94	\$99.75	\$37.74	\$19.95
28475	T	Treat metatarsal fracture	209	1.94	\$99.75	\$37.74	\$19.95
28476	T	Repair metatarsal fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28485	T	Repair metatarsal fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28490	T	Treat big toe fracture	207	1.70	\$87.41	\$32.32	\$17.48
28495	T	Treat big toe fracture	207	1.70	\$87.41	\$32.32	\$17.48
28496	T	Repair big toe fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28505	T	Repair big toe fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28510	T	Treatment of toe fracture	207	1.70	\$87.41	\$32.32	\$17.48
28515	T	Treatment of toe fracture	207	1.70	\$87.41	\$32.32	\$17.48
28525	T	Repair of toe fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28530	T	Treat sesamoid bone fracture	209	1.94	\$99.75	\$37.74	\$19.95
28531	T	Treat sesamoid bone fracture	216	20.09	\$1,033.03	\$524.09	\$206.61
28540	T	Treat foot dislocation	209	1.94	\$99.75	\$37.74	\$19.95
28545	T	Treat foot dislocation	210	10.06	\$517.29	\$279.34	\$103.46
28546	T	Treat foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28555	T	Repair foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28570	T	Treat foot dislocation	209	1.94	\$99.75	\$37.74	\$19.95
28575	T	Treat foot dislocation	210	10.06	\$517.29	\$279.34	\$103.46
28576	T	Treat foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28585	T	Repair foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28600	T	Treat foot dislocation	209	1.94	\$99.75	\$37.74	\$19.95
28605	T	Treat foot dislocation	210	10.06	\$517.29	\$279.34	\$103.46
28606	T	Treat foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28615	T	Repair foot dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28630	T	Treat toe dislocation	207	1.70	\$87.41	\$32.32	\$17.48
28635	T	Treat toe dislocation	210	10.06	\$517.29	\$279.34	\$103.46
28636	T	Treat toe dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28645	T	Repair toe dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28660	T	Treat toe dislocation	207	1.70	\$87.41	\$32.32	\$17.48
28665	T	Treat toe dislocation	210	10.06	\$517.29	\$279.34	\$103.46
28666	T	Treat toe dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28675	T	Repair of toe dislocation	216	20.09	\$1,033.03	\$524.09	\$206.61
28705	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28715	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28725	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28730	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28735	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28737	T	Revision of foot bones	271	14.12	\$726.05	\$365.44	\$145.21
28740	T	Fusion of foot bones	272	16.11	\$828.38	\$411.09	\$165.68
28750	T	Fusion of big toe joint	271	14.12	\$726.05	\$365.44	\$145.21
28755	T	Fusion of big toe joint	271	14.12	\$726.05	\$365.44	\$145.21
28760	T	Fusion of big toe joint	272	16.11	\$828.38	\$411.09	\$165.68
28800	C	Ampputation of midfoot .....	.....	.....	.....	.....	.....
28805	C	Amputation thru metatarsal .....	.....	.....	.....	.....	.....
28810	T	Amputation toe & metatarsal	271	14.12	\$726.05	\$365.44	\$145.21
28820	T	Amputation of toe	271	14.12	\$726.05	\$365.44	\$145.21
28825	T	Partial amputation of toe	271	14.12	\$726.05	\$365.44	\$145.21
28899	T	Foot/toes surgery procedure	207	1.70	\$87.41	\$32.32	\$17.48
29000	N	Application of body cast .....	.....	.....	.....	.....	.....
29010	N	Application of body cast .....	.....	.....	.....	.....	.....
29015	N	Application of body cast .....	.....	.....	.....	.....	.....
29020	N	Application of body cast .....	.....	.....	.....	.....	.....
29025	N	Application of body cast .....	.....	.....	.....	.....	.....
29035	N	Application of body cast .....	.....	.....	.....	.....	.....
29040	N	Application of body cast .....	.....	.....	.....	.....	.....
29044	N	Application of body cast .....	.....	.....	.....	.....	.....
29046	N	Application of body cast .....	.....	.....	.....	.....	.....
29049	N	Application of figure eight .....	.....	.....	.....	.....	.....
29055	N	Application of shoulder cast .....	.....	.....	.....	.....	.....
29058	N	Application of shoulder cast .....	.....	.....	.....	.....	.....
29065	N	Application of long arm cast .....	.....	.....	.....	.....	.....
29075	N	Application of forearm cast .....	.....	.....	.....	.....	.....
29085	N	Apply hand/wrist cast .....	.....	.....	.....	.....	.....
29105	N	Apply long arm splint .....	.....	.....	.....	.....	.....
29125	N	Apply forearm splint .....	.....	.....	.....	.....	.....
29126	N	Apply forearm splint .....	.....	.....	.....	.....	.....
29130	N	Application of finger splint .....	.....	.....	.....	.....	.....
29131	N	Application of finger splint .....	.....	.....	.....	.....	.....
29200	N	Strapping of chest
29220	N	Strapping of low back
29240	N	Strapping of shoulder

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
29260	N	Strapping of elbow or wrist					
29280	N	Strapping of hand or finger					
29305	N	Application of hip cast					
29325	N	Application of hip casts					
29345	N	Application of long leg cast					
29355	N	Application of long leg cast					
29358	N	Apply long leg cast brace					
29365	N	Application of long leg cast					
29405	N	Apply short leg cast					
29425	N	Apply short leg cast					
29435	N	Apply short leg cast					
29440	N	Addition of walker to cast					
29445	N	Apply rigid leg cast					
29450	N	Application of leg cast					
29505	N	Application long leg splint					
29515	N	Application lower leg splint					
29520	N	Strapping of hip					
29530	N	Strapping of knee					
29540	N	Strapping of ankle					
29550	N	Strapping of toes					
29580	N	Application of paste boot					
29590	N	Application of foot splint					
29700	N	Removal/revision of cast					
29705	N	Removal/revision of cast					
29710	N	Removal/revision of cast					
29715	N	Removal/revision of cast					
29720	N	Repair of body cast					
29730	N	Windowing of cast					
29740	N	Wedging of cast					
29750	N	Wedging of clubfoot cast					
29799	N	Casting/strapping procedure					
29800	T	Jaw arthroscopy/surgery	280	22.15	\$1,138.95	\$581.72	\$227.79
29804	T	Jaw arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29815	T	Shoulder arthroscopy	280	22.15	\$1,138.95	\$581.72	\$227.79
29819	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29820	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29821	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29822	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29823	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29825	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29826	T	Shoulder arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29830	T	Elbow arthroscopy	280	22.15	\$1,138.95	\$581.72	\$227.79
29834	T	Elbow arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29835	T	Elbow arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29836	T	Elbow arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29837	T	Elbow arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29838	T	Elbow arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29840	T	Wrist arthroscopy	280	22.15	\$1,138.95	\$581.72	\$227.79
29843	T	Wrist arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29844	T	Wrist arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29845	T	Wrist arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29846	T	Wrist arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29847	T	Wrist arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29848	T	Wrist endoscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29850	T	Knee arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29851	T	Knee arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29855	T	Tibial arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29856	T	Tibial arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29860	T	Hip arthroscopy, dx	281	22.37	\$1,150.27	\$589.18	\$230.05
29861	T	Hip arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29862	T	Hip arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29863	T	Hip arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29870	T	Knee arthroscopy, diagnostic	280	22.15	\$1,138.95	\$581.72	\$227.79
29871	T	Knee arthroscopy/drainage	282	23.65	\$1,216.08	\$609.97	\$243.22
29874	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29875	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29876	T	Knee arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22
29877	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29879	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29880	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29881	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29882	T	Knee arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22
29883	T	Knee arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22
29884	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29885	T	Knee arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
29886	T	Knee arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29887	T	Knee arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22
29888	T	Knee arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29889	T	Knee arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29891	T	Ankle arthroscopy/surgery	282	23.65	\$1,216.08	\$609.97	\$243.22
29892	T	Ankle arthroscopy/surgery	286	27.69	\$1,423.82	\$791.90	\$284.76
29893	T	Scope, plantar fasciotomy	271	14.12	\$726.05	\$365.44	\$145.21
29894	T	Ankle arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29895	T	Ankle arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29897	T	Ankle arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29898	T	Ankle arthroscopy/surgery	281	22.37	\$1,150.27	\$589.18	\$230.05
29909	T	Arthroscopy of joint	280	22.15	\$1,138.95	\$581.72	\$227.79
30000	T	Drainage of nose lesion	311	1.41	\$72.50	\$20.57	\$14.50
30020	T	Drainage of nose lesion	311	1.41	\$72.50	\$20.57	\$14.50
30100	T	Intranasal biopsy	311	1.41	\$72.50	\$20.57	\$14.50
30110	T	Removal of nose polyp(s)	311	1.41	\$72.50	\$20.57	\$14.50
30115	T	Removal of nose polyp(s)	313	15.46	\$794.95	\$407.70	\$158.99
30117	T	Removal of intranasal lesion	311	1.41	\$72.50	\$20.57	\$14.50
30118	T	Removal of intranasal lesion	313	15.46	\$794.95	\$407.70	\$158.99
30120	T	Revision of nose	313	15.46	\$794.95	\$407.70	\$158.99
30124	T	Removal of nose lesion	311	1.41	\$72.50	\$20.57	\$14.50
30125	T	Removal of nose lesion	313	15.46	\$794.95	\$407.70	\$158.99
30130	T	Removal of turbinate bones	313	15.46	\$794.95	\$407.70	\$158.99
30140	T	Removal of turbinate bones	313	15.46	\$794.95	\$407.70	\$158.99
30150	T	Partial removal of nose	313	15.46	\$794.95	\$407.70	\$158.99
30160	T	Removal of nose	313	15.46	\$794.95	\$407.70	\$158.99
30200	T	Injection treatment of nose	347	2.57	\$132.15	\$62.38	\$26.43
30210	T	Nasal sinus therapy	311	1.41	\$72.50	\$20.57	\$14.50
30220	T	Insert nasal septal button	311	1.41	\$72.50	\$20.57	\$14.50
30300	T	Remove nasal foreign body	311	1.41	\$72.50	\$20.57	\$14.50
30310	T	Remove nasal foreign body	313	15.46	\$794.95	\$407.70	\$158.99
30320	T	Remove nasal foreign body	313	15.46	\$794.95	\$407.70	\$158.99
30400	T	Reconstruction of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30410	T	Reconstruction of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30420	T	Reconstruction of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30430	T	Revision of nose	313	15.46	\$794.95	\$407.70	\$158.99
30435	T	Revision of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30450	T	Revision of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30460	T	Revision of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30462	T	Revision of nose	314	25.15	\$1,293.21	\$687.72	\$258.64
30520	T	Repair of nasal septum	313	15.46	\$794.95	\$407.70	\$158.99
30540	T	Repair nasal defect	313	15.46	\$794.95	\$407.70	\$158.99
30545	T	Repair nasal defect	314	25.15	\$1,293.21	\$687.72	\$258.64
30560	T	Release of nasal adhesions	311	1.41	\$72.50	\$20.57	\$14.50
30580	T	Repair upper jaw fistula	313	15.46	\$794.95	\$407.70	\$158.99
30600	T	Repair mouth/nose fistula	313	15.46	\$794.95	\$407.70	\$158.99
30620	T	Intranasal reconstruction	313	15.46	\$794.95	\$407.70	\$158.99
30630	T	Repair nasal septum defect	313	15.46	\$794.95	\$407.70	\$158.99
30801	T	Cauterization inner nose	312	7.07	\$363.54	\$170.86	\$72.71
30802	T	Cauterization inner nose	312	7.07	\$363.54	\$170.86	\$72.71
30901	T	Control of nosebleed	318	2.07	\$106.44	\$38.87	\$21.29
30903	T	Control of nosebleed	318	2.07	\$106.44	\$38.87	\$21.29
30905	T	Control of nosebleed	318	2.07	\$106.44	\$38.87	\$21.29
30906	T	Repeat control of nosebleed	318	2.07	\$106.44	\$38.87	\$21.29
30915	T	Ligation nasal sinus artery	367	17.02	\$875.17	\$441.15	\$175.03
30920	T	Ligation upper jaw artery	367	17.02	\$875.17	\$441.15	\$175.03
30930	T	Therapy fracture of nose	312	7.07	\$363.54	\$170.86	\$72.71
30999	T	Nasal surgery procedure	318	2.07	\$106.44	\$38.87	\$21.29
31000	T	Irrigation maxillary sinus	311	1.41	\$72.50	\$20.57	\$14.50
31002	T	Irrigation sphenoid sinus	311	1.41	\$72.50	\$20.57	\$14.50
31020	T	Exploration maxillary sinus	313	15.46	\$794.95	\$407.70	\$158.99
31030	T	Exploration maxillary sinus	313	15.46	\$794.95	\$407.70	\$158.99
31032	T	Explore sinus,remove polyps	313	15.46	\$794.95	\$407.70	\$158.99
31040	T	Exploration behind upper jaw	314	25.15	\$1,293.21	\$687.72	\$258.64
31050	T	Exploration sphenoid sinus	313	15.46	\$794.95	\$407.70	\$158.99
31051	T	Sphenoid sinus surgery	313	15.46	\$794.95	\$407.70	\$158.99
31070	T	Exploration of frontal sinus	313	15.46	\$794.95	\$407.70	\$158.99
31075	T	Exploration of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31080	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31081	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31084	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31085	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31086	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31087	T	Removal of frontal sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31090	T	Exploration of sinuses	314	25.15	\$1,293.21	\$687.72	\$258.64

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31200	T	Removal of ethmoid sinus	313	15.46	\$794.95	\$407.70	\$158.99
31201	T	Removal of ethmoid sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31205	T	Removal of ethmoid sinus	314	25.15	\$1,293.21	\$687.72	\$258.64
31225	C	Removal of upper jaw					
31230	C	Removal of upper jaw					
31231	T	Nasal endoscopy, dx	331	0.57	\$29.31	\$14.01	\$5.86
31233	T	Nasal/sinus endoscopy, dx	332	9.67	\$497.23	\$242.72	\$99.45
31235	T	Nasal/sinus endoscopy, dx	332	9.67	\$497.23	\$242.72	\$99.45
31237	T	Nasal/sinus endoscopy, surg	332	9.67	\$497.23	\$242.72	\$99.45
31238	T	Nasal/sinus endoscopy, surg	332	9.67	\$497.23	\$242.72	\$99.45
31239	T	Nasal/sinus endoscopy, surg	333	16.81	\$864.37	\$461.04	\$172.87
31240	T	Nasal/sinus endoscopy, surg	332	9.67	\$497.23	\$242.72	\$99.45
31254	T	Revision of ethmoid sinus	333	16.81	\$864.37	\$461.04	\$172.87
31255	T	Removal of ethmoid sinus	333	16.81	\$864.37	\$461.04	\$172.87
31256	T	Exploration maxillary sinus	333	16.81	\$864.37	\$461.04	\$172.87
31267	T	Endoscopy, maxillary sinus	333	16.81	\$864.37	\$461.04	\$172.87
31276	T	Sinus surgical endoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31287	T	Nasal/sinus endoscopy, surg	333	16.81	\$864.37	\$461.04	\$172.87
31288	T	Nasal/sinus endoscopy, surg	333	16.81	\$864.37	\$461.04	\$172.87
31290	C	Nasal/sinus endoscopy, surg					
31291	C	Nasal/sinus endoscopy, surg					
31292	C	Nasal/sinus endoscopy, surg					
31293	C	Nasal/sinus endoscopy, surg					
31294	C	Nasal/sinus endoscopy, surg					
31299	T	Sinus surgery procedure	331	0.57	\$29.31	\$14.01	\$5.86
31300	T	Removal of larynx lesion	314	25.15	\$1,293.21	\$687.72	\$258.64
31320	T	Diagnostic incision larynx	313	15.46	\$794.95	\$407.70	\$158.99
31360	C	Removal of larynx					
31365	C	Removal of larynx					
31367	C	Partial removal of larynx					
31368	C	Partial removal of larynx					
31370	C	Partial removal of larynx					
31375	C	Partial removal of larynx					
31380	C	Partial removal of larynx					
31382	C	Partial removal of larynx					
31390	C	Removal of larynx & pharynx					
31395	C	Reconstruct larynx & pharynx					
31400	T	Revision of larynx	314	25.15	\$1,293.21	\$687.72	\$258.64
31420	T	Removal of epiglottis	314	25.15	\$1,293.21	\$687.72	\$258.64
31500	S	Insert emergency airway	947	4.11	\$211.34	\$106.22	\$42.27
31502	T	Change of windpipe airway	470	2.19	\$112.61	\$54.92	\$22.52
31505	T	Diagnostic laryngoscopy	331	0.57	\$29.31	\$14.01	\$5.86
31510	T	Laryngoscopy with biopsy	332	9.67	\$497.23	\$242.72	\$99.45
31511	T	Remove foreign body, larynx	332	9.67	\$497.23	\$242.72	\$99.45
31512	T	Removal of larynx lesion	332	9.67	\$497.23	\$242.72	\$99.45
31513	T	Injection into vocal cord	332	9.67	\$497.23	\$242.72	\$99.45
31515	T	Laryngoscopy for aspiration	332	9.67	\$497.23	\$242.72	\$99.45
31520	T	Diagnostic laryngoscopy	332	9.67	\$497.23	\$242.72	\$99.45
31525	T	Diagnostic laryngoscopy	332	9.67	\$497.23	\$242.72	\$99.45
31526	T	Diagnostic laryngoscopy	332	9.67	\$497.23	\$242.72	\$99.45
31527	T	Laryngoscopy for treatment	333	16.81	\$864.37	\$461.04	\$172.87
31528	T	Laryngoscopy and dilatation	332	9.67	\$497.23	\$242.72	\$99.45
31529	T	Laryngoscopy and dilatation	332	9.67	\$497.23	\$242.72	\$99.45
31530	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31531	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31535	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31536	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31540	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31541	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31560	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31561	T	Operative laryngoscopy	333	16.81	\$864.37	\$461.04	\$172.87
31570	T	Laryngoscopy with injection	333	16.81	\$864.37	\$461.04	\$172.87
31571	T	Laryngoscopy with injection	333	16.81	\$864.37	\$461.04	\$172.87
31575	T	Diagnostic laryngoscopy	331	0.57	\$29.31	\$14.01	\$5.86
31576	T	Laryngoscopy with biopsy	332	9.67	\$497.23	\$242.72	\$99.45
31577	T	Remove foreign body, larynx	332	9.67	\$497.23	\$242.72	\$99.45
31578	T	Removal of larynx lesion	332	9.67	\$497.23	\$242.72	\$99.45
31579	T	Diagnostic laryngoscopy	331	0.57	\$29.31	\$14.01	\$5.86
31580	C	Revision of larynx					
31582	C	Revision of larynx					
31584	C	Repair of larynx fracture					
31585	T	Repair of larynx fracture	207	1.70	\$87.41	\$32.32	\$17.48
31586	T	Repair of larynx fracture	209	1.94	\$99.75	\$37.74	\$19.95
31587	C	Revision of larynx					
31588	T	Revision of larynx	314	25.15	\$1,293.21	\$687.72	\$258.64

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31590	T	Reinnervate larynx	314	25.15	\$1,293.21	\$687.72	\$258.64
31595	T	Larynx nerve surgery	313	15.46	\$794.95	\$407.70	\$158.99
31599	T	Larynx surgery procedure	207	1.70	\$87.41	\$32.32	\$17.48
31600	C	Incision of windpipe					
31601	C	Incision of windpipe					
31603	T	Incision of windpipe	311	1.41	\$72.50	\$20.57	\$14.50
31605	T	Incision of windpipe	311	1.41	\$72.50	\$20.57	\$14.50
31610	C	Incision of windpipe					
31611	T	Surgery/speech prosthesis	313	15.46	\$794.95	\$407.70	\$158.99
31612	T	Puncture/clear windpipe	312	7.07	\$363.54	\$170.86	\$72.71
31613	T	Repair windpipe opening	313	15.46	\$794.95	\$407.70	\$158.99
31614	T	Repair windpipe opening	313	15.46	\$794.95	\$407.70	\$158.99
31615	T	Visualization of windpipe	336	7.24	\$372.28	\$195.49	\$74.46
31622	T	Dx bronchoscope/wash	336	7.24	\$372.28	\$195.49	\$74.46
31625	T	Bronchoscopy with biopsy	336	7.24	\$372.28	\$195.49	\$74.46
31628	T	Bronchoscopy with biopsy	336	7.24	\$372.28	\$195.49	\$74.46
31629	T	Bronchoscopy with biopsy	336	7.24	\$372.28	\$195.49	\$74.46
31630	T	Bronchoscopy with repair	336	7.24	\$372.28	\$195.49	\$74.46
31631	T	Bronchoscopy with dilation	336	7.24	\$372.28	\$195.49	\$74.46
31635	T	Remove foreign body, airway	336	7.24	\$372.28	\$195.49	\$74.46
31640	T	Bronchoscopy & remove lesion	336	7.24	\$372.28	\$195.49	\$74.46
31641	T	Bronchoscopy, treat blockage	336	7.24	\$372.28	\$195.49	\$74.46
31645	T	Bronchoscopy, clear airways	336	7.24	\$372.28	\$195.49	\$74.46
31646	T	Bronchoscopy,re-clear airways	336	7.24	\$372.28	\$195.49	\$74.46
31656	T	Bronchoscopy,inject for xray	336	7.24	\$372.28	\$195.49	\$74.46
31700	T	Insertion of airway catheter	332	9.67	\$497.23	\$242.72	\$99.45
31708	T	Instill airway contrast dye	347	2.57	\$132.15	\$62.38	\$26.43
31710	T	Insertion of airway catheter	347	2.57	\$132.15	\$62.38	\$26.43
31715	T	Injection for bronchus x-ray	347	2.57	\$132.15	\$62.38	\$26.43
31717	T	Bronchial brush biopsy	332	9.67	\$497.23	\$242.72	\$99.45
31720	T	Clearance of airways	332	9.67	\$497.23	\$242.72	\$99.45
31725	C	Clearance of airways					
31730	T	Intro windpipe wire/tube	332	9.67	\$497.23	\$242.72	\$99.45
31750	T	Repair of windpipe	314	25.15	\$1,293.21	\$687.72	\$258.64
31755	T	Repair of windpipe	314	25.15	\$1,293.21	\$687.72	\$258.64
31760	C	Repair of windpipe					
31766	C	Reconstruction of windpipe					
31770	C	Repair/graft of bronchus					
31775	C	Reconstruct bronchus					
31780	C	Reconstruct windpipe					
31781	C	Reconstruct windpipe					
31785	C	Remove windpipe lesion					
31786	C	Remove windpipe lesion					
31800	C	Repair of windpipe injury					
31805	C	Repair of windpipe injury					
31820	T	Closure of windpipe lesion	313	15.46	\$794.95	\$407.70	\$158.99
31825	T	Repair of windpipe defect	313	15.46	\$794.95	\$407.70	\$158.99
31830	T	Revise windpipe scar	313	15.46	\$794.95	\$407.70	\$158.99
31899	T	Airways surgical procedure	336	7.24	\$372.28	\$195.49	\$74.46
32000	T	Drainage of chest	320	3.09	\$158.89	\$80.91	\$31.78
32002	T	Treatment of collapsed lung	320	3.09	\$158.89	\$80.91	\$31.78
32005	C	Treat lung lining chemically					
32020	T	Insertion of chest tube	320	3.09	\$158.89	\$80.91	\$31.78
32035	C	Exploration of chest					
32036	C	Exploration of chest					
32095	C	Biopsy through chest wall					
32100	C	Exploration/biopsy of chest					
32110	C	Explore/repair chest					
32120	C	Re-exploration of chest					
32124	C	Explore chest,free adhesions					
32140	C	Removal of lung lesion(s)					
32141	C	Remove/treat lung lesions					
32150	C	Removal of lung lesion(s)					
32151	C	Remove lung foreign body					
32160	C	Open chest heart massage					
32200	C	Open drainage, lung lesion					
32201	C	Percut drainage, lung lesion					
32215	C	Treat chest lining					
32220	C	Release of lung					
32225	C	Partial release of lung					
32310	C	Removal of chest lining					
32320	C	Free/remove chest lining					
32400	T	Needle biopsy chest lining	122	4.59	\$236.02	\$113.00	\$47.20
32402	C	Open biopsy chest lining					
32405	T	Biopsy, lung or mediastinum	122	4.59	\$236.02	\$113.00	\$47.20

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
32420	T	Puncture/clear lung	320	3.09	\$158.89	\$80.91	\$31.78
32440	C	Removal of lung					
32442	C	Sleeve pneumonectomy					
32445	C	Removal of lung					
32480	C	Partial removal of lung					
32482	C	Bilobectomy					
32484	C	Segmentectomy					
32486	C	Sleeve lobectomy					
32488	C	Completion pneumonectomy					
32491	C	Lung volume reduction					
32500	C	Partial removal of lung					
32501	C	Repair bronchus (add-on)					
32520	C	Remove lung & revise chest					
32522	C	Remove lung & revise chest					
32525	C	Remove lung & revise chest					
32540	C	Removal of lung lesion					
32601	C	Thoracoscopy, diagnostic					
32602	C	Thoracoscopy, diagnostic					
32603	C	Thoracoscopy, diagnostic					
32604	C	Thoracoscopy, diagnostic					
32605	C	Thoracoscopy, diagnostic					
32606	C	Thoracoscopy, diagnostic					
32650	C	Thoracoscopy, surgical					
32651	C	Thoracoscopy, surgical					
32652	C	Thoracoscopy, surgical					
32653	C	Thoracoscopy, surgical					
32654	C	Thoracoscopy, surgical					
32655	C	Thoracoscopy, surgical					
32656	C	Thoracoscopy, surgical					
32657	C	Thoracoscopy, surgical					
32658	C	Thoracoscopy, surgical					
32659	C	Thoracoscopy, surgical					
32660	C	Thoracoscopy, surgical					
32661	C	Thoracoscopy, surgical					
32662	C	Thoracoscopy, surgical					
32663	C	Thoracoscopy, surgical					
32664	C	Thoracoscopy, surgical					
32665	C	Thoracoscopy, surgical					
32800	C	Repair lung hernia					
32810	C	Close chest after drainage					
32815	C	Close bronchial fistula					
32820	C	Reconstruct injured chest					
32850	C	Donor pneumonectomy					
32851	C	Lung transplant, single					
32852	C	Lung transplant w/bypass					
32853	C	Lung transplant, double					
32854	C	Lung transplant w/bypass					
32900	C	Removal of rib(s)					
32905	C	Revise & repair chest wall					
32906	C	Revise & repair chest wall					
32940	C	Revision of lung					
32960	T	Therapeutic pneumothorax	320	3.09	\$158.89	\$80.91	\$31.78
32999	T	Chest surgery procedure	320	3.09	\$158.89	\$80.91	\$31.78
33010	T	Drainage of heart sac	320	3.09	\$158.89	\$80.91	\$31.78
33011	T	Repeat drainage of heart sac	320	3.09	\$158.89	\$80.91	\$31.78
33015	C	Incision of heart sac					
33020	C	Incision of heart sac					
33025	C	Incision of heart sac					
33030	C	Partial removal of heart sac					
33031	C	Partial removal of heart sac					
33050	C	Removal of heart sac lesion					
33120	C	Removal of heart lesion					
33130	C	Removal of heart lesion					
33200	C	Insertion of heart pacemaker					
33201	C	Insertion of heart pacemaker					
33206	C	Insertion of heart pacemaker					
33207	C	Insertion of heart pacemaker					
33208	C	Insertion of heart pacemaker					
33210	C	Insertion of heart electrode					
33211	C	Insertion of heart electrode					
33212	C	Insertion of pulse generator					
33213	C	Insertion of pulse generator					
33214	C	Upgrade of pacemaker system					
33216	C	Revision implanted electrode					
33217	C	Insert/revise electrode					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33218	C	Repair pacemaker electrodes					
33220	C	Repair pacemaker electrode					
33222	T	Pacemaker acid pocket	360	6.04	\$310.58	\$138.54	\$62.12
33223	T	Pacemaker acid pocket	360	6.04	\$310.58	\$138.54	\$62.12
33233	C	Removal of pacemaker system					
33234	C	Removal of pacemaker system					
33235	C	Removal pacemaker electrode					
33236	C	Remove electrode/thoracotomy					
33237	C	Remove electrode/thoracotomy					
33238	C	Remove electrode/thoracotomy					
33240	C	Insert/replace pulse gener					
33241	C	Remove pulse generator only					
33242	C	Repair pulse generator/leads					
33243	C	Remove generator/thoracotomy					
33244	C	Remove generator					
33245	C	Implant heart defibrillator					
33246	C	Implant heart defibrillator					
33247	C	Insert/replace leads					
33249	C	Insert/replace leads/gener					
33250	C	Ablate heart dysrhythm focus					
33251	C	Ablate heart dysrhythm focus					
33253	C	Reconstruct atria					
33261	C	Ablate heart dysrhythm focus					
33300	C	Repair of heart wound					
33305	C	Repair of heart wound					
33310	C	Exploratory heart surgery					
33315	C	Exploratory heart surgery					
33320	C	Repair major blood vessel(s)					
33321	C	Repair major vessel					
33322	C	Repair major blood vessel(s)					
33330	C	Insert major vessel graft					
33332	C	Insert major vessel graft					
33335	C	Insert major vessel graft					
33400	C	Repair of aortic valve					
33401	C	Valvuloplasty, open					
33403	C	Valvuloplasty, w/cp bypass					
33404	C	Prepare heart-aorta conduit					
33405	C	Replacement of aortic valve					
33406	C	Replacement, aortic valve					
33411	C	Replacement of aortic valve					
33412	C	Replacement of aortic valve					
33413	C	Replacement, aortic valve					
33414	C	Repair, aortic valve					
33415	C	Revision, subvalvular tissue					
33416	C	Revise ventricle muscle					
33417	C	Repair of aortic valve					
33420	C	Revision of mitral valve					
33422	C	Revision of mitral valve					
33425	C	Repair of mitral valve					
33426	C	Repair of mitral valve					
33427	C	Repair of mitral valve					
33430	C	Replacement of mitral valve					
33460	C	Revision of tricuspid valve					
33463	C	Valvuloplasty, tricuspid					
33464	C	Valvuloplasty, tricuspid					
33465	C	Replace tricuspid valve					
33468	C	Revision of tricuspid valve					
33470	C	Revision of pulmonary valve					
33471	C	Valvotomy, pulmonary valve					
33472	C	Revision of pulmonary valve					
33474	C	Revision of pulmonary valve					
33475	C	Replacement, pulmonary valve					
33476	C	Revision of heart chamber					
33478	C	Revision of heart chamber					
33496	C	Repair, prosth valve clot					
33500	C	Repair heart vessel fistula					
33501	C	Repair heart vessel fistula					
33502	C	Coronary artery correction					
33503	C	Coronary artery graft					
33504	C	Coronary artery graft					
33505	C	Repair artery w/tunnel					
33506	C	Repair artery, translocation					
33510	C	CABG, vein, single					
33511	C	CABG, vein, two					
33512	C	CABG, vein, three					

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33513	C	CABG, vein, four .....	.....	.....	.....	.....	.....
33514	C	CABG, vein, five .....	.....	.....	.....	.....	.....
33516	C	CABG, vein, six+ .....	.....	.....	.....	.....	.....
33517	C	CABG, artery-vein, single .....	.....	.....	.....	.....	.....
33518	C	CABG, artery-vein, two .....	.....	.....	.....	.....	.....
33519	C	CABG, artery-vein, three .....	.....	.....	.....	.....	.....
33521	C	CABG, artery-vein, four .....	.....	.....	.....	.....	.....
33522	C	CABG, artery-vein, five .....	.....	.....	.....	.....	.....
33523	C	CABG, artery-vein, six+ .....	.....	.....	.....	.....	.....
33530	C	Coronary artery, bypass/reop .....	.....	.....	.....	.....	.....
33533	C	CABG, arterial, single .....	.....	.....	.....	.....	.....
33534	C	CABG, arterial, two .....	.....	.....	.....	.....	.....
33535	C	CABG, arterial, three .....	.....	.....	.....	.....	.....
33536	C	CABG, arterial, four+ .....	.....	.....	.....	.....	.....
33542	C	Removal of heart lesion .....	.....	.....	.....	.....	.....
33545	C	Repair of heart damage .....	.....	.....	.....	.....	.....
33572	C	Open coronary endarterectomy .....	.....	.....	.....	.....	.....
33600	C	Closure of valve .....	.....	.....	.....	.....	.....
33602	C	Closure of valve .....	.....	.....	.....	.....	.....
33606	C	Anastomosis/artery-aorta .....	.....	.....	.....	.....	.....
33608	C	Repair anomaly w/conduit .....	.....	.....	.....	.....	.....
33610	C	Repair by enlargement .....	.....	.....	.....	.....	.....
33611	C	Repair double ventricle .....	.....	.....	.....	.....	.....
33612	C	Repair double ventricle .....	.....	.....	.....	.....	.....
33615	C	Repair (simple fontan) .....	.....	.....	.....	.....	.....
33617	C	Repair by modified fontan .....	.....	.....	.....	.....	.....
33619	C	Repair single ventricle .....	.....	.....	.....	.....	.....
33641	C	Repair heart septum defect .....	.....	.....	.....	.....	.....
33645	C	Revision of heart veins .....	.....	.....	.....	.....	.....
33647	C	Repair heart septum defects .....	.....	.....	.....	.....	.....
33660	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33665	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33670	C	Repair of heart chambers .....	.....	.....	.....	.....	.....
33681	C	Repair heart septum defect .....	.....	.....	.....	.....	.....
33684	C	Repair heart septum defect .....	.....	.....	.....	.....	.....
33688	C	Repair heart septum defect .....	.....	.....	.....	.....	.....
33690	C	Reinforce pulmonary artery .....	.....	.....	.....	.....	.....
33692	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33694	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33697	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33702	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33710	C	Repair of heart defects .....	.....	.....	.....	.....	.....
33720	C	Repair of heart defect .....	.....	.....	.....	.....	.....
33722	C	Repair of heart defect .....	.....	.....	.....	.....	.....
33730	C	Repair heart-vein defect(s) .....	.....	.....	.....	.....	.....
33732	C	Repair heart-vein defect .....	.....	.....	.....	.....	.....
33735	C	Revision of heart chamber .....	.....	.....	.....	.....	.....
33736	C	Revision of heart chamber .....	.....	.....	.....	.....	.....
33737	C	Revision of heart chamber .....	.....	.....	.....	.....	.....
33750	C	Major vessel shunt .....	.....	.....	.....	.....	.....
33755	C	Major vessel shunt .....	.....	.....	.....	.....	.....
33762	C	Major vessel shunt .....	.....	.....	.....	.....	.....
33764	C	Major vessel shunt & graft .....	.....	.....	.....	.....	.....
33766	C	Major vessel shunt .....	.....	.....	.....	.....	.....
33767	C	Major vessel shunt .....	.....	.....	.....	.....	.....
33770	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33771	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33774	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33775	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33776	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33777	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33778	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33779	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33780	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33781	C	Repair great vessels defect .....	.....	.....	.....	.....	.....
33786	C	Repair arterial trunk .....	.....	.....	.....	.....	.....
33788	C	Revision of pulmonary artery .....	.....	.....	.....	.....	.....
33800	C	Aortic suspension .....	.....	.....	.....	.....	.....
33802	C	Repair vessel defect .....	.....	.....	.....	.....	.....
33803	C	Repair vessel defect .....	.....	.....	.....	.....	.....
33813	C	Repair septal defect .....	.....	.....	.....	.....	.....
33814	C	Repair septal defect .....	.....	.....	.....	.....	.....
33820	C	Revise major vessel
33822	C	Revise major vessel
33824	C	Revise major vessel

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ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33840	C	Remove aorta constriction					
33845	C	Remove aorta constriction					
33851	C	Remove aorta constriction					
33852	C	Repair septal defect					
33853	C	Repair septal defect					
33860	C	Ascending aorta graft					
33861	C	Ascending aorta graft					
33863	C	Ascending aorta graft					
33870	C	Transverse aortic arch graft					
33875	C	Thoracic aorta graft					
33877	C	Thoracoabdominal graft					
33910	C	Remove lung artery emboli					
33915	C	Remove lung artery emboli					
33916	C	Surgery of great vessel					
33917	C	Repair pulmonary artery					
33918	C	Repair pulmonary atresia					
33919	C	Repair pulmonary atresia					
33920	C	Repair pulmonary atresia					
33922	C	Transect pulmonary artery					
33924	C	Remove pulmonary shunt					
33930	C	Removal of donor heart/lung					
33935	C	Transplantation, heart/lung					
33940	C	Removal of donor heart					
33945	C	Transplantation of heart					
33960	C	External circulation assist					
33961	C	External circulation assist					
33970	C	Aortic circulation assist					
33971	C	Aortic circulation assist					
33973	C	Insert balloon device					
33974	C	Remove intra-aortic balloon					
33975	C	Implant ventricular device					
33976	C	Implant ventricular device					
33977	C	Remove ventricular device					
33978	C	Remove ventricular device					
33999	T	Cardiac surgery procedure	320	3.09	\$158.89	\$80.91	\$31.78
34001	C	Removal of artery clot					
34051	C	Removal of artery clot					
34101	C	Removal of artery clot					
34111	C	Removal of arm artery clot					
34151	C	Removal of artery clot					
34201	C	Removal of artery clot					
34203	C	Removal of leg artery clot					
34401	C	Removal of vein clot					
34421	C	Removal of vein clot					
34451	C	Removal of vein clot					
34471	C	Removal of vein clot					
34490	C	Removal of vein clot					
34501	C	Repair valve, femoral vein					
34502	C	Reconstruct, vena cava					
34510	C	Transposition of vein valve					
34520	C	Cross-over vein graft					
34530	C	Leg vein fusion					
35001	C	Repair defect of artery					
35002	C	Repair artery rupture, neck					
35005	C	Repair defect of artery					
35011	C	Repair defect of artery					
35013	C	Repair artery rupture, arm					
35021	C	Repair defect of artery					
35022	C	Repair artery rupture, chest					
35045	C	Repair defect of arm artery					
35081	C	Repair defect of artery					
35082	C	Repair artery rupture, aorta					
35091	C	Repair defect of artery					
35092	C	Repair artery rupture, aorta					
35102	C	Repair defect of artery					
35103	C	Repair artery rupture, groin					
35111	C	Repair defect of artery					
35112	C	Repair artery rupture, spleen					
35121	C	Repair defect of artery					
35122	C	Repair artery rupture, belly					
35131	C	Repair defect of artery					
35132	C	Repair artery rupture, groin					
35141	C	Repair defect of artery					
35142	C	Repair artery rupture, thigh					
35151	C	Repair defect of artery					

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